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## TWELVE-HOUR DUTY<sup>1</sup>

BY RUTH BROWN, R.N.

TRADITIONS have ever been a block to progress. In particular, any new ideas concerning the servants of the public always meet with terrific opposition from the traditions of the public. And yet we know that there is a necessity of either growth or decay in all mortals and their affairs, be it as individuals or governments, in business or in professions, and that progress and development come about through the struggle of a thinking few, rather than through the adherence of the majority to traditional customs.

It is, therefore, no proof against the justice, reason, efficiency or economy of the move for better conditions in nursing, that a large number of people—and among them, nurses themselves—cannot adjust their thinking to the changing conditions which not only make possible, but demand a more normal life for the private duty nurse.

Twelve-hour duty does not begin to solve the problem, nor does it answer

the pressing question, "What can be done to make the lives of private duty nurses less unwholesome and less unhappy without breaking down the ideals of service upon which our profession is founded?"

*WHAT kind of a nurse do you want when illness occurs in your family? If you agree with the public, which wants nurses who "can comfort and educate and heal and give," these articles on private duty will set you thinking.*

For nurses—indefinite hours on duty, torturing fatigue, unwholesome, unhealthy, unnatural living conditions, have been and still are traditional. It has always been necessary for pioneers in any sort of an enterprise to endure hardships. When the necessity for these hardships has been re-

moved, a little smoother sailing has always been followed by a period of more rapid development and greater efficiency.

Pioneers in the nursing profession have endured unspeakable hardships, but the rapid advancement of science—in this case, medical science—has removed the necessity for a part of these hardships. Modern hospital organizations should give and in many instances do give some thought to the welfare of their private duty nurses. Private nurses in hospitals include a very large

<sup>1</sup> Read at the annual meeting of the Illinois State Association, Peoria, October, 1923.

group of women, essential and necessary in carrying on the work, but for whom no one is responsible, and in whose welfare no one is interested.

The aim of the modern hospitals is to educate as well as heal. They should be the first to take some thought for the welfare of their own people, but as it is, they are blinded by their own enthusiasms.

There are no large organizations today, industrial or educational, that have not proven without a question that insufficient rest, recreation, and sleep—in other words, over-fatigue—do markedly impair the efficiency of the institution as a whole, as well as of each individual concerned. This is accepted and an effort is made to remove these bad conditions for every one in the world except private nurses, but the suggestion that they be included in just a few of these essentials for health and happiness and for life itself, is met with horrified accusations of "selfish," "mercenary," "lazy" and "disloyal."

The effort to establish twelve-hour duty in hospitals is being met with the usual opposition that meets all measures contrary to established customs, regardless of reason or justice. Our motives are being misunderstood as being purely selfish. We do not ask for twelve-hour duty with any craving for luxury and ease nor because our hearts are hardened to suffering humanity, nor are our original ideals being crowded into the background. We only ask for conditions, possible at this time, which are not thoroughly destructive to physical health and mental and general morale. We are asking for conditions for nurses which do not, in a short time, completely unfit them for their responsi-

bilities to the public and which do not gradually but completely undermine all their resources. I would like to make the subject of this discussion "Human Hour Duty," and not "Twelve-Hour Duty."

Twelve-hour duty is only a step forward in improving unnecessarily inhuman conditions imposed upon private nurses. The whole point here is to convince the nurses themselves that twelve-hour duty is an improvement and that they owe it to themselves and to the public to meet the situation with a broader outlook. *We can comfort, and educate, and heal, and give, only when our own bodies and minds are sound, when our spirits are unbroken and when our capacities are not overtaxed beyond human endurance.* We are taught this as an underlying principle of our success at the time we enter a training school and throughout the years of training, but it is completely disregarded the moment we receive our diplomas. The whole question involved is one of education and upon this question of education hinges the entire future of our profession.

We are very optimistic as to the final outcome in this particular step for improvement. A very large number of all the hospitals in the United States have abolished this medieval custom of allowing—to say nothing of *demanding*—that a nurse get what sleep she can in the room of a sick patient. These truly modern hospitals are assuming that health principles apply to all. They do not regard their daily routine of caring for the sick as one constant emergency in which the health of hundreds of young women should be sacrificed. They see that the necessity no longer

exists. They are willing to assume a part of the responsibility, and they provide adequate nursing care for the sick who are unable to pay for more than one nurse.

Ten years ago, members of the Staff of the Royal Victoria Hospital in Montreal, while taking our party through that hospital, were quite surprised to learn that the hospitals in our country were exacting such a heavy toll from the health and morale of their nurses in permitting twenty-four hour duty. Since that time all the hospitals in New York City, hospitals in all the cities throughout the east, hospitals in St. Louis, and most of the hospitals in the west, no longer tolerate the undignified and deplorable sights which are observed at night in hospitals where the nurses are expected to appear in the elevators, corridors, and other public places in sleeping apparel. Institutions which are so careless and indifferent to the needs of its own personnel (and we insist that private nurses do belong to their personnel) are, to say the least, inconsistent when they give wide publicity to their educational and humanitarian aims.

Those who are concerned in this question can be classified in three groups—the public, the doctors, and the nurses themselves. Of the three groups in one hospital which we will take as a representative type, we find the public to be the most open minded in their views. Naturally, their own interests speak for twenty-four hour duty and as long as hospitals permit it, they accept and expect it. However, the majority of the people we have interviewed during the past year are more or less readily willing to admit the unreasonableness of a

twenty-four day for nurses and we are convinced that any opposition from the public will be negligible when twelve-hour duty is universally established in all hospitals.

The group least open to conviction is the doctors, although many of them are generous and reasonable and consistent in their views. We would like to have their unanimous consent and approval, and not be compelled to oppose their decisions in the matter; but if women had ever waited for men's unanimous approval in any measure in which women's interests and welfare were concerned, all women would still be slaves today.

Not so many years ago, women were being refused admittance into universities. Men did not want women educated. It had never been done, therefore it must not be done—was the chief argument against it. Doctors—in great number at least—have fought education for nurses for years, for reasons just as illogical. A change always means chaos in the minds of unthinking and shortsighted people, and for that reason doctors who are opposing a rational life for the nurse can see in this change only complete and destructive disorganization of all hospital routine; whereas the exact opposite has proven to be the case in hospitals where the plan has been adopted.

One prominent surgeon, upon an attempt to get his opinion, became very much excited. He said, "Never, never will it be done in this hospital! You nurses are wanting too much. You will soon want to be paid for no work at all. You are queering your own game! Queering your own game—this is what comes of education for nurses!" And

he leaped into an elevator and refused to think.

We pass on to another and ask for a few minutes of his time. He proves to be a little more liberal minded, and we state our aims and reasons. He seems interested and we go on with our story of the dreary and unhappy lives of hundreds of young women, who go from one case to another, on each one a little more weary of mind and body, not because they are unwilling but because they are victims of a vicious and stupid routine which deprives them of the most necessary things in life. He says that he is open to conviction, that he has never given the matter any thought, but if it is the thing to do he will endorse it.

We feel encouraged enough to approach another. We are sure, in this case, of hearty support and an understanding mind, so definite has this doctor always been in his teachings of sane living conditions. He is prominent throughout the country because of his contributions to humanity in the way of the cure and prevention of illness. His work could not possibly go on without the aid of intelligent and educated nurses who are eager to be of service, but he refuses to turn a hand to inaugurate a system in his own hospital which will give them any of the things which, according to his own teachings, are vital to health and efficiency. This doctor was almost bitter in his false interpretation of our aims and was tragic in his pleadings for us to adhere to the old routine. I think he was sincere in his fears that we were breaking away from our ideals, and that we were bleeding and cheating the public in asking for a twelve-hour day in hospitals. On three different occasions during the year

previous to this discussion, this same doctor asked us to assist in finding a nurse for certain difficult cases. Each time he specified that the nurse must be lively and "peppy" and entertaining, intelligent, cheerful and willing. Upon one occasion, we had some difficulty in finding one who could qualify. He kept repeating over and over: "What is the answer? What is the answer?" His own stupid program for them is the answer. Few can qualify after a year or two of over-fatigue from excessive hours of work or excessive hours of boresome idleness, shut up in a room with a patient.

We have talked to many others and on the whole they are evasive or emphatic in their refusal to endorse a change. One argument is that in many cases the unfortunate sick people cannot carry an added financial burden. This is true, and we realize more than anyone the financial strain of a long illness—and in many cases, of a short illness—but the entire responsibility of meeting this burden should not be thrust upon a nurse who in twelve hours is physically unfit to do more. The hospitals should assume a part of the responsibility. Ward patients never question the twelve-hour schedule when they require extra nursing care. Private room patients should be arranged for in the same way.

One doctor whose work is largely among the wealthy classes, lays particular emphasis upon the necessity of economizing for the patients in the hospitals. He sees no other way to reduce this expense during an illness than by putting an enormous drain upon the vitality of a nurse. The class of patients whom I have in mind now spare



no expense in other ways and make no sacrifices themselves. This doctor accuses them of gross extravagance if they, for their own comfort, are willing to keep a night nurse. His other financial arrangements for them do not support his statement that he is worrying about their expenses incurred during an illness. This doctor had a patient admitted to the hospital a few years ago whose husband was the only heir to nine million dollars. She had two of the most expensive rooms in the hospital and brought her own linen and china. One nurse took entire care of her and her baby and both rooms; she did most of the cooking because the patient did not like hospital food. Aside from the actual nursing care, the work to be done in the daytime alone would have been divided among several servants, if the woman had been at home, but in the hospital it all fell upon one nurse and continued practically all night, due to feeding the infant every four hours, and its crying at intervals between times. The woman paid \$85 for her baby's dresses and for other things in proportion, but her doctor spared her the expense of a night nurse. Recently, in discussing the question of twelve-hour duty, with the nurse who was on that case, I asked her just why she felt called upon to make such enormous sacrifices at that time and upon many similar occasions since, and she said because that doctor did not approve of twelve-hour duty, and when working for a doctor she believed in pleasing him, because she had been trained never to complain. *We are not working for the doctors, we are working with the doctors for the good of humanity!*

During the recent marathon dancing

endurance tests, very few of the participants dropped dead on the spot at the end of the tests, and so with the foolhardy endurance tests for nurses. They live to take other cases, but twenty-four hour duty is an endurance test and it is only a matter of time until they are able to stand the tests no longer. When this time comes, the doctors who are opposing twelve-hour duty for them will say they are getting lazy and that education is interfering with their usefulness. Education is not interfering with their usefulness. It is economizing in their usefulness. Twenty-four hour duty with patients who are convalescent or not seriously ill is unnecessary, and the days are gone when educated women are looked upon with suspicion.

It is rather disheartening to find that a number of the nurses themselves are not in sympathy with the elimination of the twenty-four hour duty in hospitals. Those who oppose it are in the minority, but their influence is a check upon a measure which the large majority feel to be a progressive step in bettering conditions and increasing their usefulness.

The reasons that most of them give reek with either shortsightedness or selfishness. Most of them argue that twelve-hour duty with a sick patient is harder than twenty-four hour duty with one who is not sick and requires little care. In hospitals where the matter is optional, they can sign for twenty-four hour duty, but if after being called they find that the patient is very ill, they say it is a twelve-hour case and insist upon a second nurse or refuse to take the case. They work very hard for a few days or weeks and do some real nursing. They tell the doctors that they

much prefer the twenty-four duty, and these are the misleading statements, as far as their motives are concerned, for as a rule they mean by this that they prefer a patient who is not ill at all. They lack in finer feelings or a proper sense of propriety in not finding it offensive to run around in public places in sleeping garments and in being willing to sleep in the room with their patient.

During our investigation of the views of the nurses doing private duty, not one of the few who definitely oppose twelve-hour duty, gave reasons that had the slightest bearing upon the interests of the patients or the good of the profession. Some of them admit that they believe it to be a step for the general good of all concerned, but because they live too far away to go home at night, or prefer to have nothing to do with really sick people, they are using their influence against eliminating twenty-four hour duty. Other nurses who are opposing twelve hour duty are the ones who have done very little or no private duty at all but have done other kinds of nursing in which a rational eight or nine or ten-hour day was their program.

It is the nurses themselves who can put the hospitals in a position to be called truly modern in every department and in a position to claim equality with other states which lead in the nursing profession in all its branches. Let me repeat that growth or decay is inevitable for us, as for all enterprises. Indifference to our weakest spot is retarding our growth. Shortsightedness is interfering with our usefulness. Unconcern as to the health and morale of our forces is impeding our progress. Inconsistency in our practices is rendering our educational standards comical. We are raising our requirements to the point of preferring college women in our training schools and disillusioning them later by depriving them of all the freedom that education demands.

It is not for the doctors or the public to decide, for they do not understand. They will accept as long as we will give, and *we* must be the guardians of our own health and happiness. Let us give all nurses more freedom and more happiness and ask from them in return greater efficiency and more devotion to service. Let us make all the hospitals truly modern within the next year.

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#### RECLASSIFICATION

Adam, naming the animals, had no precedents to guide him, and his roving fancy was sometimes eccentric. There was no good reason, however, why the Personnel Classification Board of the federal government should have attacked its job in the same spirit of naiveté. When the status of graduate nurses was in question, for example, there were sound precedents for considering them as professional workers—the United States Census, the immigration laws, the law which gives army and navy nurses the rank of officers, to say nothing of the consensus of opinion among medical and health workers generally, or the fresh emphasis on the professional training of nurses which has been given by the establishment of independent university schools at Yale and Western Reserve Universities. \* \* \* What is likely to be the effect of such ratings, if they are allowed to stand, on the progressive raising of standards of training in the nursing profession? Or, more narrowly, on the ability of federal service to attract well-trained and competent nurses?—From an Editorial in *The Survey* (Graphic) for February.

## TWELVE-HOUR DUTY: ANOTHER VIEW<sup>1</sup>

BY MERLE DUNCAN, R.N.

THE subject of twelve-hour nursing has reached a point of wide discussion at the present time, and the different views on the subject make it all the more interesting.

Twelve-hour duty has been tried in a great many localities with varying degrees of success. The nurses in this community (Quincy) are almost unanimously against it. The subject seems not very attractive as I try to present it, but I will try to be simple and concise in giving our view.

When a nurse is called upon a case she immediately assumes the nursing responsibility of her patient; she is intensely interested in his wellbeing, knowing that she and she alone is responsible for the nursing care given. Perhaps the nurse is very busy and is not able to get sufficient rest. Sometimes a few hours that should have been used for recreation is all the time that she feels she may safely take for sleep; then a second nurse is advisable and is more than welcome. On the contrary, when a patient is not very ill and a nurse can get her required rest it seems an imposition to ask a family to retain two nurses when one could do the work perfectly well. It means double expense for the patient and oftentimes the nurse feels her interest in the case lagging.

If the patient is able to sleep at night, it is extremely annoying to have someone in the room who is not sleeping. I sincerely believe that in this community many persons who really need nursing

care would be forced to do without because of the added expense and the result would be short cases and an indifferent type of nursing.

The patient also has his claim upon the nurse for companionship. Nurse and patient live very closely together, often the patient is very much attached to her, and as personalities are varied, it is hard to find two nurses of the same temperament. One nurse may be quite calm and another exactly the opposite. All these things make vital impressions upon a person who is ill; for the sick body does not harbor a normal mind, and it is not easy to become accustomed to a number of types of persons without friction.

The nurse complains that she does not get the proper recreation on twelve-hour duty, as she is required to remain within doors either all day or all night, and at the end of her duty she is too tired to go about for amusement. If on day duty, she must not remain out late in the evening if she wishes to render good service next day; and if on night duty, it is hard to arrange for recreation that will not interfere with either duty or rest.

To the layman this does not sound logical, but one who has done twelve-hour duty can easily see the plausibility of it. While twelve-hour duty may seem very attractive at first glance, to us it means fewer and shorter cases, less interesting work, very little cooperation from our local physicians, and much unfavorable comment from the public upon whom we are dependent for our livelihood.

<sup>1</sup> Read at the annual meeting of the Illinois State Association, Peoria, October, 1923.

## TWENTY-FOUR HOUR DUTY FROM THE STAND-POINT OF THE NURSE<sup>1</sup>

BY ESTHER C. O'DOWD, R.N.

**W**HY are the majority of nurses in favor of twenty-four hour duty? Because they can render far better service to their patients in the home, and because it is more convenient for the nurse than is twelve-hour duty.

For the past three years the private duty nurse in this District has been allowed four and one-half hours off duty in the afternoon. It means a great deal to her to be able to get about, to forget her patients for a while, to go shopping, or to a place of amusement. Then, too, if she loses much sleep at night, she may have eight hours off duty during the day. Even though she is called a great number of times during the night, she can in most cases lie down, and if she does not sleep, she can at least get a little rest.

From the patient's standpoint, it is a great comfort to have the assurance that the nurse is within call even though the patient requires nothing, especially during the night. The patient's family are greatly relieved of responsibility, also, in knowing the nurse is within call.

After the noon meal the patient is usually relaxed, and the nurse can then

be spared better than at any other time. The family are free to relieve her, and the patient is always glad to have her return to serve the evening meal or, if very ill, to be fixed up comfortably again after the long afternoon, as only a trained nurse can make such a patient comfortable.

Twelve-hour duty means coming on and going off duty the greater part of the year in the dark of the day, especially in this northern climate. It practically means no recreation at all. The hours for twelve-hour duty are usually from seven to seven, or eight to eight, which leaves no time for anything other than duty and sleep. Twelve-hour duty usually means night duty, which is always hard if long continued.

The only time twelve-hour duty is justified is when a patient is seriously sick, when the services of two nurses are required and constant attention is necessary. Personally, I have had a great deal of experience in twelve-hour duty in such cases, both in the hospital and in the home, and have always found it most exhausting and isolating. Twenty-four hour duty is the only satisfactory solution of private duty nursing in the home.

<sup>1</sup> Read at the Private Duty Section of the Minnesota State Association, St. Paul, October, 1923.

### INTERNATIONAL COUNCIL OF WOMEN CONFERENCE ON THE PREVENTION OF THE CAUSES OF WAR

To be held in Hall 4 at the British Empire Exhibition, Wembley on May 5-8, 1924  
(With the Marchioness of Aberdeen of Temair in the chair)

This conference will be open to representatives of International Societies and their National groups. Katherine Olmstead, Director, Division of Nursing, League of Red Cross Societies, has been asked to represent the American Nurses' Association.

Admission will be by ticket, to be obtained *free* from the International Council of Women Conference and Exhibition Office, 26 Victoria Street, London, S. W. 1.

## WHAT HAS BECOME OF THE OLD-TIME PRIVATE DUTY NURSE?<sup>1</sup>

BY ADA F. BABCOCK, R.N.

ONE hears this question constantly. The private duty nurse is vanishing, as is the country physician, and for practically the same reasons. Of course we know this is an age of specialization. We boast of our efficiency, and we are efficient; but we are in danger of becoming over-specialized and too automatic, as were our late enemies.

It is without doubt a case of the greatest good to the greatest number, but we never can divorce the human equation in dealing with human beings,—call it magnetism, or what you will.

The old-time private duty nurse because of her intimacy with her patient and in her patient's household, lives their lives for the time being; she gets their viewpoint, their different reactions, as she never could through seeing them occasionally, in any other branch of nursing. By thus learning the right method of approach, she is able to educate her patient's family, and through them, the neighbors, perhaps, in at least the a. b. c.'s of hygienic living. Few people will learn except by experience.

From years of continuous passing in and out of all kinds and conditions of homes (no nurse should stay a day longer than she is needed), among all classes and nationalities, she acquires that gift, invaluable to one of her craft, capacity for getting on with people.

Every young graduate who is ambitious to become the head of an insti-

tution, or a leader in any other branch in the nursing field, should take a course in private duty nursing, and I think it should be recognized and accredited as a postgraduate course. It is possible to put in years in a sort of treadmill, blind and deaf to the wonderful educational possibilities; but how many others take postgraduate courses in other branches, with the same mental laziness? It is but a small per cent that ever do arrive.

The same qualifications that are requisite for other highly specialized nurses are to be found in the successful private duty nurse, with the technical knowledge of that particular field of specialization she has chosen to enter added.

The old-time private duty nurse was trained by a still older-time private duty nurse who, if the greater part of her nursing education was learned empirically still had a valuable education. Later she added her "reading education." She also had that broad human understanding of the pioneer in a chosen life work, the knowledge that only life gives, and her pupils had the advantage of the perfect teacher.

Later on this superintendent's place was taken by a stern (very efficient, it is true), military commander, one who had no method of approach; indeed her chief ambition was to be unapproachable. Still later we have another type, whose responsibilities in instruction are divided into as many sub-divisions as subjects, and these are now turning out

<sup>1</sup> Read before a group of nurses in Everett, Wash.



our material for the specialized fields of nursing.

One cannot blame the pupil. Her education is as specialized as is the present medical education. This type of graduate strays at times, as if by misfortune, into the ranks of the old-time private duty nurse. She apologetically states that she is just now specializing in a hospital to mark time while she is waiting for charge of A—, or she is just seeing the country after resigning from B—, or she worked so hard as superintendent of C— but is preparing to go back. Tactful, isn't it? when often it is an old-time nurse who is her confidante, doing the same kind of specializing and at the same remuneration, in spite of her years of valuable experience. "But of course, they're not up-to-date as we are," says young Miss Graduate. Is it any wonder that the old-time private duty nurse feels ashamed of this attitude? She does not necessarily resent the patronizing for, of course, she realizes that is only Youth. What she does resent is the mental attitude toward this branch of

our profession which is so far removed from the Standard Bearers of the past and the lessons she was taught of the dignity and responsibility of her profession as a private duty nurse, which field she was as a matter of course, expected to enter.

If the instructors in the schools of nursing boast of never having done a day's private duty, implying that their time was too precious for this line of endeavor, or if they have risen from private duty and feel that fact too disagreeable to mention, one that must be concealed as a dark secret of their past, instead of a rich experience, how can one blame the young graduates?

The old-time private duty nurse, as well as the old-time country physician, cannot be replaced. After all, what we most need in the final analysis when all of the modern mechanical appliances are made use of, is the educated touch, the educated sensitive extra sense, which instinctively tells what to do and what to say, which comes from visiting and living with patient after patient, year after year, by their own bedsides.

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Plans for the observance of 1924 National Hospital Day, May 12, are being prepared by the National Hospital Day Committee, 537 S. Dearborn Street, Chicago, and all hospital and nursing administrators and others interested in this movement to make the public better acquainted with hospitals and to win greater community support and interest are invited to write to Matthew O. Foley, Executive Secretary of the Committee, for printed suggestions and ideas for a program. E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, and Dr. M. T. McEachern, president of the American Hospital Association, are respectively chairman and vice-chairman.

National Hospital Day now is not only generally observed throughout the United States and Canada, but it has gained a foothold in Alaska, China and Egypt.

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The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

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## AS OTHERS SEE US

BY EMILY T. BUZBY

**Y**EARS ago, long before the war had taught us so many things, almost before tonsils and adenoids and appendicitis were understood, I sat on a bench on the Boston Commons, utterly discouraged. I had just lost my third case; I had given all it was possible to give; I had worked to the best of my knowledge and strength and, in spite of all, death had won again.

I was young and impressionable and very tired, and I felt that perhaps I was lacking in some vital point, so feeling unable to stay indoors, I stole out to a secluded corner of the park for an hour's rest.

I remember how the pigeons bobbed their silly heads for chance crumbs and how the wind puffed my cape around, for I had not troubled to change my uniform before coming out.

Some one sat down on the other end of my bench, but it meant nothing to me. Tears came to my eyes; I loved my work, but, was I fitted for it? And I gave myself up to the most doleful thoughts.

"My dear, I believe you are one of our trained nurses?" As I was unused to being called "my dear" by a strange, masculine voice, I looked up—looked into a pair of searching, old grey eyes, not quiet, gentle, loving eyes, but eyes

that had seen life and conquered it; a trifle cold perhaps, but oh, so just!—and then the voice went on:

"I wonder if you truly know just how we of the outside world feel about you nurses? I wonder if I can make you sensible of the wonderful peace that comes over a house when a trained nurse arrives to take charge? You know your weaknesses and mistakes, but we know only your untiring kindness and merciful help. To us you are ministering angels. Have you ever thought that your simple white dress is as great a symbol of respect as the clerical garb, or the soldier's uniform?"

I cannot remember all he said, but he opened my mind to the realization that the trained nurse, in her uniform, has the whole world back of her. What she demands is hers. Her word is law. It is a tremendous responsibility, but once realized, it makes any task possible. After that talk, I attempted things I would never have dared earlier—and I made good.

I have found public officials, persons of wealth, and God's own poor, all ready to help and love, not me, but the body of women I represent. And now that my time has come to rest, I feel I must pass "Grey-eyes'" message along to the younger nurses.

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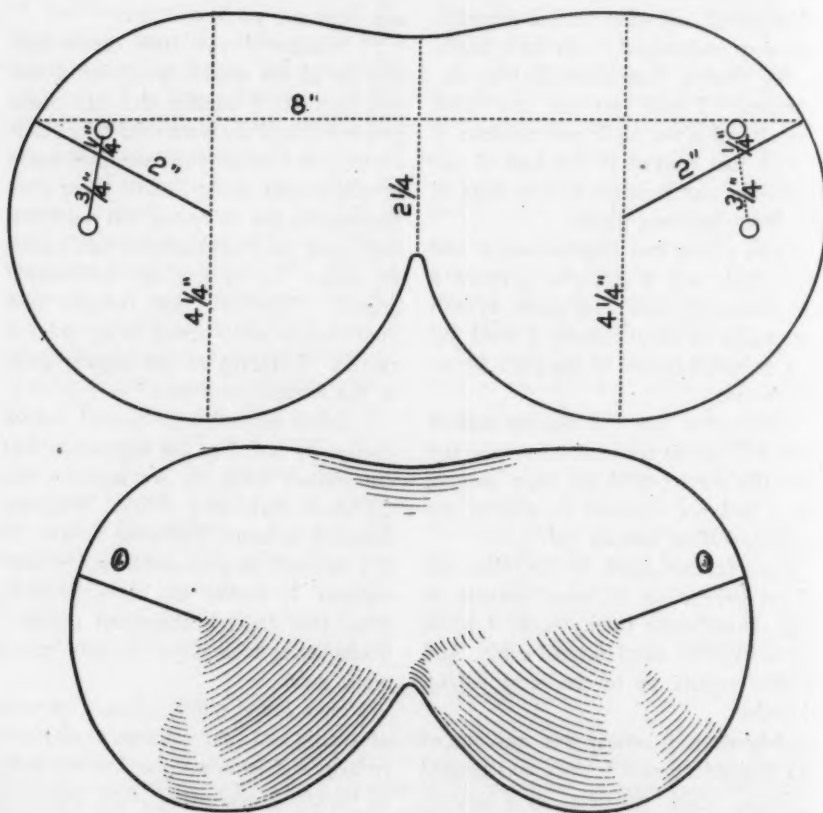
"There is no short cut to trained intellectual power. Its possession demands long and patient exercise and the expenditure of untiring conscientious effort," is the opinion of President James Rowland Angell of Yale University.

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## AN EYE SHIELD

*In use at the Nebraska Methodist Episcopal Hospital, Omaha*



The shield is used over eye dressings in cases where pressure caused by bandages is undesirable; such as cataracts, trephines, injuries, etc.

The shield is made from a red pressed manilla board paper, being shaped by the cuts in upper outer sides; it is fastened together with Oakville fasteners through the holes punched at the sides.

The shield should be trimmed to fit the face. A narrow edge is moistened and turned

upwards around the entire shield, thereby aiding the process of sealing the shield.

To keep in place, the edges of the shield are sealed with a good grade of cotton and collodion.

This red pressed manilla board paper comes in sheets 18" x 24" costing 18 cents a sheet. About eight shields can be cut from one sheet of paper; therefore the cost is 2 1/4 cents apiece, approximately.

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## BASAL METABOLISM AND ITS INTERPRETATION<sup>1</sup>

BY LOUISE S. HEYEN, R.N.

AS basal metabolism is becoming quite a common laboratory procedure, various nurses and others have asked me, "Just what is basal metabolism?" In our training school days we were taught that metabolism is the building up (anabolism) and breaking down (catabolism) of tissue, and that this action produces heat. Basal metabolism is the measured heat output of a fasting resting organism computed to a definite time period, usually one hour, or in other words, it is the minimum amount of energy required to keep the body alive for a definite period.

This heat output is measured by direct or indirect calorimetry. In direct calorimetry the entire body is inclosed in a chamber and the entire heat production of the body determined. This method has been known for years but was too complicated, expensive, and tiring to the patient. In indirect calorimetry (the method discussed in this paper) the heat production is determined by measuring the oxygen consumed or carbon dioxide liberated or both. It is only within very recent years that this method has been perfected for practical purposes.

Basal metabolism is spoken of in terms of calories per hour referred to some physical characteristic, such as body surface or weight. Standards have been devised giving the basal metabolism average or normals for the two sexes at different ages from fourteen to eighty years, expressed in calories per square

meter of body surface per hour. In children the basal metabolism may be more correctly referred to weight alone than to body surface. If by determination it is found that a certain individual's basal metabolism is 40.06 calories per square meter of body surface per hour and the accepted normal for that individual is 37.00 calories the variation from normal is 3.06 calories per square meter of body surface per hour.

For convenience and purposes of comparing the results of different individuals, or of the same individuals at different times, the variation from normal is expressed in per cent and is known as the basal metabolic rate (commonly abbreviated B.M.R.). If the variation is above normal it is known as plus, below normal minus, and if the heat production is the same as the accepted normal the result is zero and is reported as a plus or minus zero. The variation of 3.06 calories mentioned in the previous paragraph is reported as a plus 8 per cent. Mental anxiety, the slightest muscular activity, uncomfortable posture, restlessness, a desire to urinate, and food in the stomach, all tend to raise the rate, while sleep lowers it.

In determining the basal metabolic rate it is necessary to consider the respiratory quotient which is the ratio between the carbon dioxide eliminated and the oxygen absorbed. For practical purposes the respiratory quotient of a fasting resting individual is 0.82, which corresponds to a heat value of 4.825

<sup>1</sup> From the Department of Laboratories, Army Medical School, Washington, D. C.

calories for each liter of oxygen or carbon dioxide. It is at this figure that the metabolic rate is usually calculated when either the oxygen consumption or carbon dioxide elimination methods are used. With the gasometer the respiratory quotient is ascertained.

As we are discussing the indirect calorimetry method of determining the heat production of the body and knowing that to do this it is necessary to measure the oxygen absorbed, the carbon dioxide liberated or both, it is expedient that we know something of the apparatus used to do this. There are several varieties and makes in use but all are based more or less on the same principles. In our laboratory we use a series of jars for collecting the liberated carbon dioxide, the Benedict spirometer type for determining the oxygen absorbed and the Bailey model of the gasometer type for determining both the carbon dioxide eliminated and the oxygen consumed.

In the carbon dioxide elimination method the patient breathes atmospheric air and the expired air is collected in jars containing soda lime and calcium chloride. The soda lime absorbs the carbon dioxide and the calcium chloride the moisture. The jars are weighed before and after each test, the difference in weight being the amount of carbon dioxide eliminated. Several runs are made for checks, each lasting about ten minutes.

The oxygen consumption method is a closed circuit apparatus whereby the patient breathes and rebreathes practically pure oxygen, the carbon dioxide being absorbed by a soda lime container in the apparatus. The air is kept in circulation by a small motor driven fan.

The oxygen consumed is the difference between the amount of oxygen in the spirometer at the beginning of the run and at the end. As in the former method several runs are made for checks but of about six minutes' duration.

The gasometer is an open circuit method whereby the patient breathes outdoor air and the expired air is collected in the gasometer. Samples of this air are then analyzed for their carbon dioxide and oxygen content. This test lasts from ten to fifteen minutes with a preliminary washing of four or five minutes. Several analyses of the collected air are made for checks.

There are several methods of connecting the patient to the apparatus, one is the face mask similar to the one used overseas and the other a soft rubber mouth piece and nose clamp. The mask or mouth piece is attached to the apparatus by rubber tubing and a series of valves. We have found the mouth piece and nose clamp much more satisfactory both in comfort to the patient and in the prevention of leaks. Leaks by all means must be guarded against.

In basal metabolism a great deal depends upon the patient for an accurate determination. We have, therefore, certain fixed procedures for them to carry out. They are to retire early the night before, after a light dinner at their usual hour. No medication of any kind must be taken until after the test and where tonics or stimulants are being taken, they must be discontinued for a week or so before. In the morning the patient is to proceed to the laboratory without breakfast and with as little muscular or mental exertion as is possible. A few swallows of water may be taken if the patient feels she must have something.



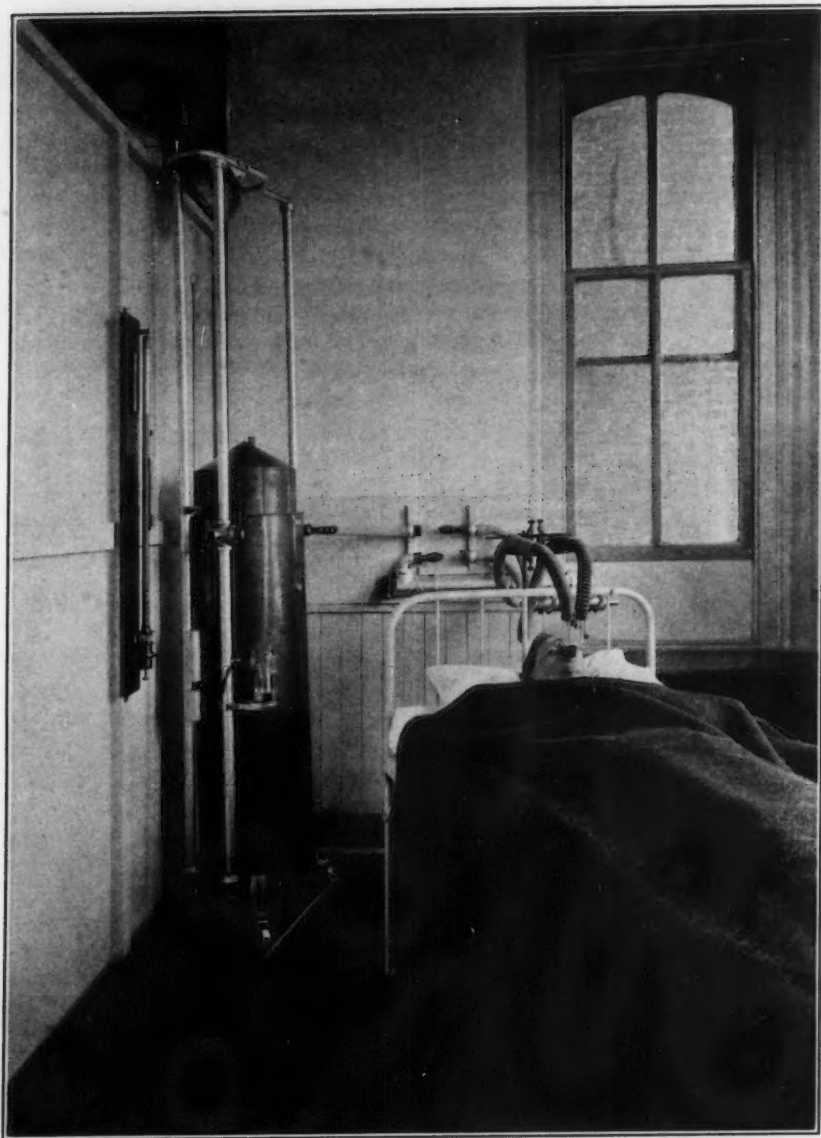
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A. M. S.—SANBORN-BENEDICT, SPIROMETER TYPE. ( $O_2$  ONLY)



A. M. S.—BAILEY MODEL, GASOMETER TYPE. ( $O_2$  and  $CO_2$ )

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Upon reaching the laboratory the patient is put to bed, is told to relax, and is reassured as to the simplicity of the procedure and its freedom from pain. During the rest period the respirations and pulse are taken every fifteen minutes. In most cases a half hour or an hour is sufficient for the preliminary rest before starting the test.

During the determination, the pulse and respirations are taken and recorded at the beginning, middle, and end of the run. The reading of the barometer and room temperature are checked several times, as well as the gas in the apparatus. Where there are several runs to be made, a rest of about five minutes is given between them. All readings and figures must be accurately taken. After the test the patient's nude weight and height in stocking feet are taken, and her age is recorded. We are now finished with the patient and she may go her way.

There is a great deal of calculating to be done before the basal metabolic rate is known. Most of the figuring is done on a form sheet in logarithms with the various procedures noted so as to avoid mathematical errors. Various tables have to be referred to, etc. Tables have been devised from which, knowing the patient's height and weight, the body surface in square meters is easily obtained. There are tables for correcting of gases to standard, also tables giving the calories per square meter of body surface per hour of both sexes at different ages, as referred to in a previous paragraph.

Knowing what is meant by the basal metabolic rate and having some idea of how it is determined, it may be of interest to know its interpretation in re-

gard to various pathological conditions. As I have said, it is a rather new procedure and its many possibilities can only be surmised in light of present findings.

#### VALUE OF CALORIMETRY

So far its greatest value has been found in disturbances of the internal secretory glandular system and of this system, particularly the thyroid gland. This gland controls the heat production of the body and it is believed to be the keystone of the endocrine family. The frequency of thyroid disturbances makes the determination of basal metabolism very valuable not only as a means of diagnosis but even more in controlling the treatment and operative care. Diseases of the thyroid are divided into two heads, hyperthyroidism and hypothyroidism.

In hyperthyroidism there is an over active gland secretion with an increased heat production and consequent increased basal metabolic rate. Of this group exophthalmic goiter gives the highest rate, frequently as high as a plus sixty or seventy per cent. In toxic conditions which are due more to quality than quantity production the basal metabolic rate lies around the twenties and thirties.

Conditions other than those of the thyroid gland which give a rate on the plus side are fevers and it is interesting to note that as the fever increases so does the basal metabolic rate. In fevers where there is a lowered vitality, such as tuberculosis, the basal metabolic rate is inconsistent with the former findings, in fact, the basal metabolism may be lower than the normal for that person in health. The leukemias and pernicious

anemia give increased rates in proportion to their severity, the leukemias giving the highest rates.

Hypothyroidism is a condition in which the thyroid secretion is deficient and heat production low. Under this heading myxedema gives the lowest rate, a minus thirty or forty per cent. Here, also, is found cretinism and a hypo condition following surgical procedure where too much of the thyroid gland has been removed. In cases of hypothyroidism the basal metabolic rate has been of the greatest use in controlling the dosage of thyroid extract necessary to bring an individual up to the normal level and by frequent determinations to ascertain how much is required to keep him there. After the correct dosage is reached a basal metabolic rate determination once or twice a year should be made to keep in touch with the patient's condition under the long continued treatment which may be required.

Malnutrition, diabetics on severe diets, menopause, old age, and conditions following severe infectious diseases give a rate on the minus side without any direct bearing on the thyroid gland.

We have often seen enlarged thyroid glands in girls about the age of puberty and in young women. They may be nervous and have various complaints but a basal metabolism test determines how much the thyroid is at fault and whether it is a simple goiter and non-toxic. In the same way a basal meta-

bolism determination differentiates between exophthalmic goiter and psychoneurosis. In both instances an initial high rate is obtained but in the exophthalmic goiter the high rate is sustained in further determinations several days apart. In psychoneurosis the rate gradually falls in repeated determinations until a normal is reached and maintained.

Heart conditions show no great variation from normal except where extra muscular work is caused by decompensation. Nephritis, unless with complications, shows no increased rate. We have run several cases through a menstrual cycle and have found some irregularity in the rate but within the normal variation for the individual. Pregnancy shows an increased rate in the later months with a return to normal in about twelve days postpartum. Thyroid enlargement often accompanies pregnancy without any significance to the basal metabolic rate.

As different individuals vary in normal temperature and pulse rate, so does the basal metabolic rate vary. *In our laboratory all rates between a plus fifteen per cent and a minus ten per cent are considered within normal.* No conclusions should be drawn from an initial high or low rate. These should be checked by subsequent runs several days apart. As basal metabolism is a laboratory procedure no diagnosis should be made without a complete laboratory picture and clinical findings.

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The *News-Bulletin* of the Bureau of Vocational Information for January is devoted to Nursing—a Profession of Opportunity. In addition to the major article it carries articles on the Yale School, Universities and Nursing, and the Conclusions of the Goldmark report on Nursing and Nursing Education in the United States.

## THE NEW CONVALESCENT HOME FOR CHILDREN AT PALO ALTO, CALIFORNIA

BY MARY R. WALSH, R.N.

AMONG the group waiting for a conference with the Business Director of one of our large city hospitals was the Chief of a Pediatric Service who had the previous day received a statement concerning a deficit in his budget which, with a few months still ahead before the end of the fiscal year, gave him a great deal of concern. The patients in the children's ward whose accounts were charged to his budget had been carefully examined and there was not one who was not in need of special nursing care and medical supervision for some time to come.

Upon the Business Director's advice an interview was held with the Director of Social Service of Lane and Stanford Hospitals. She suggested a way out of the difficulty by calling attention to the New Convalescent Home for Children at Palo Alto. This interview was followed by a visit to the Home, with the result that within a few days three of the "budget" children were transferred to that institution.

Let me give a brief description of a few of the differences which make this Home unlike ordinary convalescent homes, as to character of the patients admitted, their care, the building, and its equipment.

President Wilbur of Stanford University, in accepting the building on behalf of the University, said:

There have been arguments of late as to why cities were built, but for whatever purpose they were built, one thing is certain;

they were not built for children. It is children above all who have a claim to sunlit spaces, clear skies, and healing airs.

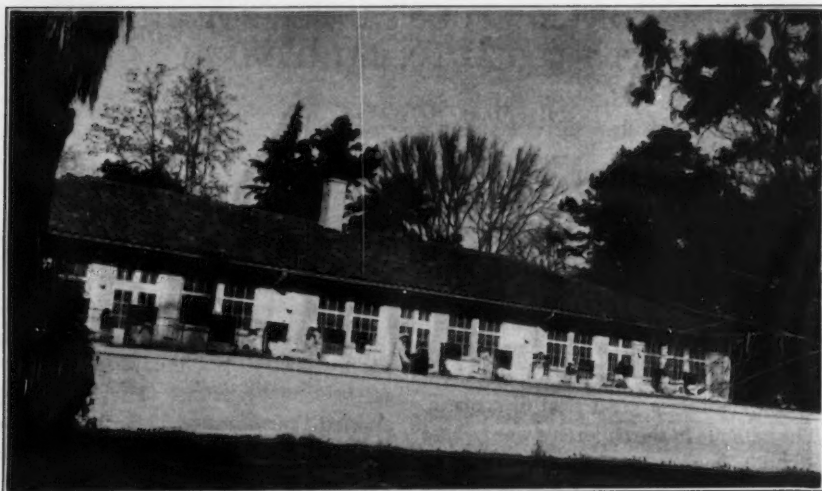
All these are evident at the new Home!

The site is on the grounds of Stanford University, at Palo Alto, in the Santa Clara Valley, thirty miles south-east of San Francisco. The University assisted the projected home by turning over the old Stanford residence (at the time unoccupied) and twenty-seven acres surrounding it, at a rental of one dollar per year.

The location is a short distance off the "El Camino Real," or State highway, between San Francisco and Los Angeles. The grounds are planted with eucalyptus, pepper, acacia, and many other varieties of trees, shrubs and flowers. To the east, about three miles away, is the bay of San Francisco, and across the bay is the Coast Range with Mount Diablo and Mount Hamilton looming up some 4000 or more feet. Toward the west is the gradual rise of the Santa Cruz foothills making a most glorious and unusual view from the Convalescent Home.

The climatic conditions are ideal with the mercury rarely below 35 degrees in winter and with a summer average of 70 degrees. Rain is plentiful between the months of December and April. Under these climatic conditions, the essentials toward rapid recovery, plenty of fresh air, quiet, and sunshine are abundant.





NOTE THE DARK SHADES WHICH ARE ATTACHED TO THE HEADS OF THE CRIBS

Patients are admitted upon the recommendation of the Professor of Pediatrics at Stanford Medical School, Medical Director of the Home. There is at present no charge for patients, support being obtained by voluntary gifts, supplemented by a grant from the San Francisco Community Chest, under which funds for a permanent endowment have reached over \$100,000. The building of a new unit providing additional facilities to those afforded by the old residence was made possible by a gift of \$40,000 in memory of Mrs. Kate D. McLaughlin.

Under the supervision of Ruth Spande and her staff of three graduate nurses, with the daily visit of Dr. George Barnett, and visits of the consultant staff when indicated, patients receive excellent medical and nursing care.

The type of patient accommodated here is quite different from the average convalescent home patient. They are

received at a much earlier stage in their recovery than is usual, being transferred even while needing bed service. The old building is planned for the accommodation of patients in the ambulatory stage, the new building is for those in need of hospital service. According to this plan a large proportion of the patients are recent post-operative cases, together with cardiac, choreic, bone and joint disease patients. Open tuberculosis is excluded.

The children are transferred from their respective hospitals and homes by ambulance and are considered as patients of the institutions from which they come, but temporarily assigned to the Medical Director of the Home. The special treatment laid down by the attending physician of their hospital service is continued, together with careful supervision of diet, heliotherapy, and frequent reports of progress. These are the outstanding features of the service.



On entering the new unit it is noted that the color scheme is one of charm and great beauty. The delicate tinting of the walls, the cheerful glow from the open fireplace, the high-back settees placed on either side and in front of the fireplace piled high with cushions of gay colored figures, the cabinets of books and toys on either side of the fireplace, the round table at one side with its huge basket of California red berries, with eight or ten small chairs about it, the cream colored enameled beds, with ball-bearing castors, individual screens, adjustable metal back rests, and the wonderful dark green shades to draw up over the bed during "nap" time or whenever sun or light are to be excluded, all present objects of the utmost interest.

The two shelved bedside tables, the radiators screened with wire net to prevent tiny hands being burned, the three-inch base "shoe" for wall protection, the sun pouring through the 100 per cent air windows and copper mesh screens, all show at a glance the hours of thought and time spent in detail planning. The night lights present a new idea, having green shades, and while giving an excellent light, at the same time they cast a very faint shadow.

The dining room is equipped with two long green tables of simple but attractive design with chairs to match. The tops of these tables present an unusual appearance which on examination proves to be due to a covering composed of thick padding topped with oil cloth and finished with several coats of varnish. The center of each table has a wreath design of gay colored flowers, painted by a friend of the children, within which is a life-sized green porcelain parrot whose eyes seem to follow one about the

room. The dishes with their downy yellow chicken are very attractive. The silver is of appropriate size and weight, with a simple yet dignified pattern, and includes individual napkin rings. The girls sit at one table, the boys at the other, and a nurse presides at the head of each table, killing two birds with one stone, so to speak, supervising serving and table manners, while eating her meal at the same time.

The kitchen presents a carefully worked out plan which is exceptionally practical. It possesses a cold closet with an automatic closing refrigerator and a closet on whose shelves were over 1000 jars of jellies and jams presented by friends of the institution, giving one a longing to become a patient at least for a while.

The locker room is equipped with individual lockers, each containing towels, a wash cloth, white enamel mug, tooth brush and paste, bathing cap, soap, and a comb. The bathroom adjoining has a built-in tub elevated two or three feet above the floor, with hand rail to prevent slipping and faucets placed so that a child cannot reach them. The purpose of the elevation is to facilitate bathing without the necessary bending over the tub on the part of the nurse. A shower room presents an outside control of the faucets. A small closet containing towels, bath mats, etc., with scales, make this room very complete.

The well stacked linen closet with white washable bath robes and outdoor slip-ons of various sizes, is an example of order. The specially built hopper and shelves for caring for flowers, the lavatories with the wash bowls at the proper height for the kiddies to wash their hands and with toilets of the right

size and height, all show special designing. The isolation unit consisting of two beds is so complete that it can be shut off from the rest of the home.

In the basement the oil burning furnace, loads of fire wood and logs for

the fireplace, and an ideally arranged clothes closet are special features.

This unit of twenty beds is but the beginning of a building program outlined by Dr. Wilbur whereby adults as well as children will be cared for in the future.

#### INSTITUTE FOR INSTRUCTORS AND ADMINISTRATORS IN SCHOOLS OF NURSING

By EDITH B. HURLEY

THE SECOND ANNUAL INSTITUTE under the auspices of Sections I and V of the New York State League of Nursing Education directed by Edith B. Hurley, was held from February 4 to 8. Through the generosity of Mt. Sinai, Bellevue and the Presbyterian Hospitals it was possible to hold all the meetings of each day in one place. The last day was a general visiting day on which regular classes were conducted for the visitors in several of the schools of nursing, and the new pavilions were also open for inspection. A session in which a most helpful paper on Food Problems of the Diabetic was given by Mrs. Mary Pascoe Huddleson, brought out a large number of Dietitians. This paper was followed by an instructive lecture on Insulin by Dr. W. S. Ladd of the Presbyterian Hospital Staff. A series of lectures Applications of Psychology to Teaching, Technic of Teaching and The Act of Questioning, of great help to instructors was given by Maude Muse, instructor in Nursing Education at Teachers College. The Institute was particularly fortunate in having Dr. Bela Schick, the originator of the famous Schick test on the program. Dr. Schick presented some very interesting charts and food trays to illustrate the organization of nutrition in the children's department. He urged the necessity for a definite method in such work and the need for the closest cooperation on the part of physicians, nurses and dietitians. Dr. Ira Wile, Chief of the Health Class of Mt. Sinai, conducted a clinic illustrative of the Behavior Problems of Children. A paper on the organization and program of study of the Central School of Nursing of Westchester County presented by Louise Parsons, the Educational Director, provoked a lively discussion. The consensus of opinion among the Superintendents of Nurses who had united in the project was that the Central School was a most satisfactory arrangement. A paper of especial interest to Administrators on the Single-Room Hospital Plan was presented by Miss Hehner, Educational Director of the Fifth Avenue Hospital School of Nursing. Two of the afternoon sessions were devoted to various phases of Pediatrics. Grace E. Allison, formerly Superintendent of Nurses of the Lakeside Hospital, Cleveland, presented in a concise manner some of the problems involved in the Correlation of Pediatric Theory with Nursing Practice, and suggested some solutions. Maud Kelley, Instructor in Pediatric Nursing at Bellevue followed with a Type Lesson in Pediatric Nursing. Lavage was the subject for demonstration to a class of "just capped nurses" and a real baby, perhaps six months old, submitted most cheerfully to the treatment. Tea was served following the afternoon session at Bellevue and again the next day at the Presbyterian Hospital which added greatly to the enjoyment. The Institute was conducted in an informal, sociable, "get-together" way which every one seemed to enjoy. The Director met everywhere the most splendid spirit of cooperation, no one who was approached refused to take part on the program and everyone seemed eager to assist in making the Institute a success. That it is a needed and welcome feature in Nursing Education may be attested by comparative figures,—last year 196 attended the meetings and this year, 359. During the very worst day of the winter 130 nurses made the trip to Bellevue. Suggestions have already been made for subject matter for next year's program.

LOZIER MEMORIAL TRAINING SCHOOL ALUMNAE elected the following officers in January: President, Mrs. Mary Bourne; vice-presidents, Martha LaPlante, Louise Wulkoff; secretary, Mrs. Charlotte B. Oliver; treasurer, Mrs. Lillie M. DeTalmond.

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# A SCHOOL OF NURSING FOR MEN

BY KENNETH T. CRUMMER, R.N.

EVERY so often a new idea is born in Philadelphia. Aside from the Declaration of Independence, (a new idea of justice and government) and the gloriously new ideas of flag making of Betsy Ross, or Stephen Girard's idea of what one rich man might do for many poor boys,—new ideas do spring up in the Quaker City, and from ideas come ideals.

In 1914, in the men's department of the Pennsylvania Hospital, Department for Mental and Nervous Diseases, a new idea was conceived and realized. This idea was a training school for men nurses.

It is true, that among the 1700 or 1800 training schools for nurses at the present time in the United States, there are a few general hospitals which train men as nurses, and many mental hospitals where they are trained. But in all of these, the men are trained along with the women. That is, they are part of the hospital training school which graduates a mixed class of men and women, or they are closely associated with the women's school.

Now the School of Nursing for Men at the Pennsylvania Hospital is a separate unit from the two schools for women in the same hospital. It has its own organization, a separate policy, its own ideals and traditions. Its officers are men and registered nurses. The superintendent of nurses and his assistant, the night superintendent, and the instructor of nurses are all men. The only association the school has with the School of Nursing for Women of the

same hospital is a coöperative arrangement for teaching the men and women together in the scientific branches. Otherwise the schools are as separate as Yale and Harvard.

The course is the regular one of three years, required in Pennsylvania, the student spending ten months in affiliation in a general hospital where he receives theoretical instruction in addition to his practical instruction in surgery, medical nursing, operating room technic and nursing in genito-urinary diseases. The school is accredited by the Pennsylvania State Board of Examiners for Registration of Nurses, and the course covers the curriculum prescribed by that board, with the exception of obstetrics, gynecology and pediatrics, for which nursing in genito-urinary diseases and hydrotherapy are substituted. Psychiatric nursing is emphasized, of course. At the present time, the school gives well over the minimum requirements of the State Board for theoretical instruction.

We have come to associate the word "nurse" with "woman" so long, that we invariably say "her" in speaking of a nurse. Perhaps some folk may wonder why they have a school for men nurses in Philadelphia and what kind of nurse they turn out. When I tell them there is the greatest need for these men, and they are nurses of the highest type both as regards work and accomplishment, and as men, they may wonder still more.

In 1879, at McLean Hospital in Massachusetts, the first training school for nurses in a hospital for the mentally



sick was organized, including the training and education of men as nurses in its scheme of things. Its organizer, Dr. Edward Cowles, had previously founded the school of nursing at the Boston City Hospital, making it a unit of the hospital, a plan universal now but new then.

Dr. George T. Tuttle, in a recent address,<sup>1</sup> said:

It seems to me, the most significant thing Dr. Cowles did was the training of men as nurses. For thereby was made possible the care of mental cases in their homes, a thing impossible up to that time, because of the lack of the right kind of men with the right kind of training.

Note, please, the *right kind of men*. Right there is the justification and success of the Pennsylvania School. It prides itself not on numbers but on quality of product. It tries to turn out *men*; men who think straight and see straight, who are capable and ready to serve where a woman, for various reasons, cannot. Today and tomorrow the opportunities for helpful service in the fields of psychiatric nursing and mental hygiene are opening up as never before, and much of it is man's work. The School of Nursing for Men of the Pennsylvania Hospital is trying to supply that want with nurses well trained, not only in psychiatric nursing, but in general nursing as well; with men eager to share in these new opportunities and responsibilities and able to carry on the work. But, they must be men of the highest type, and because of the rigid enforcement of this requirement of the school, many fall by the wayside. The

graduating class is always much smaller than the probationer class.

The students come to the hospital from various sources, for different reasons, and from half a dozen states of the Union. Some are college men, some have but one year of high school to offer for preparation. Some are mere youngsters, some are thirty-five years old.

One man came to the school with a definite purpose of using the training in the work he means to do later in the mission field. Another came to find out what it was all about and stayed because of the appeal of service, and because of the satisfaction of accomplishment in study and work, because he discovered he had a new set of values and ideals. A certain proportion of the men say they mean to make nursing a stepping stone to the study of medicine later on.

Not all the pleasures come from work and study. The school is fortunate in being part of a hospital that has a gymnasium, a swimming pool and sufficient ground for out-door games. The baseball team usually boasts a successful season, and the basketball five plays hard and often wins. Sometimes the school boasts special athletic talent; a year or so ago it was represented by a quartet whose members ran in the relays at Franklin Field, in the University of Pennsylvania track carnival of that year. It seems a trifle odd to hear of a training school for nurses competing in a college track event, doesn't it?

Somehow, at least once a year, time is found for a minstrel show, and nearly every class gives a dance. A day off once a week, (though one must go to class) breaks the routine and gives a chance for relaxation and change. The

<sup>1</sup>At the organization of the Alumni Association of McLean Hospital Training School for Nurses, Waverly, Massachusetts, June 28, 1923.



nurses' home, although made over from a ward of the hospital, is comfortable and roomy, with wide hall and large common room with a piano and comfortable chairs, where one can study and smoke (for these nurses smoke). That is, one can study if something else is not going on, otherwise it is better to seek one's room, which is quiet.

After graduation, the men find there are more positions waiting than they can fill. Here the preference and inclination of the individual decide. This man goes out to private duty, general nursing perhaps, perhaps nervous and mental cases. One graduate is an office nurse for a specialist in genito-urinary diseases. Some go into industrial work in foundry or factory, first aid and dressings; some study massage and physiotherapy; some remain in their own hospital as officers or charge nurses of wards. A few leave the profession altogether and take up other work. Of these, it is interesting to note that they do not consider their training as three lost years, but rather as experience and education helpful in any line of work.

In private work, the men are especially successful. Except for ten months, when they are away for their affiliation period in a general hospital, they have been carrying out treatments often more difficult, because of the patient's mental condition, than would be the case were the patient only physically ill. For mental cases fre-

quently have physical ills and diseases, as well as the mental condition. To learn to manage medication and treatments for a non-coöperative or even actively antagonistic patient, the nurse must necessarily have learned something of patience and tact, and must have gained adaptability, faculties useful indeed in private nursing.

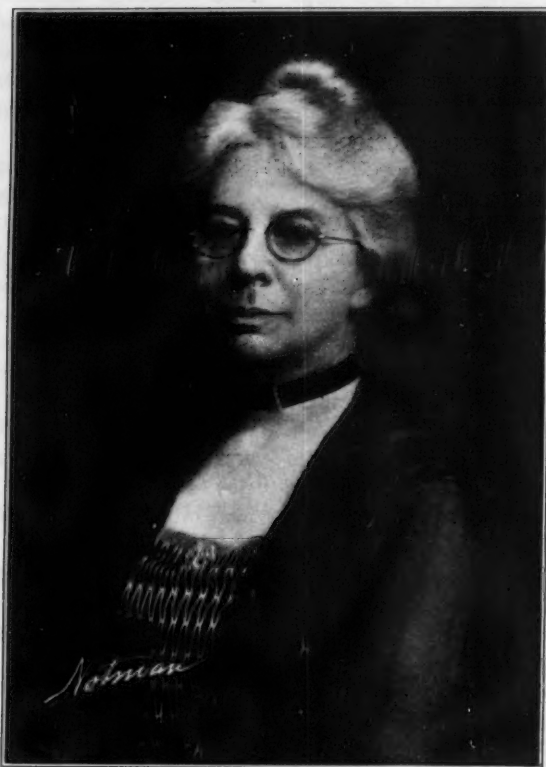
Possibly our sisters in the nursing world will not take kindly to this invasion by men of a field they have considered peculiarly their own. In other words, they may be unwilling to acknowledge the man as a nurse, worthy to share in all the privileges and pains of nursing.

The woman physician has become an accepted factor in the practice of medicine, and rightly so, of course. The man who nursed was often frowned upon because he was an impostor, not a nurse, but an attendant or orderly of limited training and, worse still, sometimes lacking in *manliness*. It hardly seems as though women nurses should view with anything but good will a school that tries to maintain the highest ethical and educational standards of nursing; a school that is not satisfied with a graduate who is less than a manly man. It needs, and no doubt will receive, the good will and coöperation of the nursing world generally, regardless of sex. Who knows but that the nursing text of the future will speak of the nurse, not as "she," but as "he or she?"

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The Mental Hygiene Primer put out by the Massachusetts Society for Mental Hygiene contains a series of thoroughly practical articles intended for the use of nurses and social workers who are interested in learning "what mental hygiene is all about." We commend it to nurses, particularly to those who have not had an opportunity to become informed as to the distinction between serious and mild cases of mental disorder, and the relation of some mental disorders to physical invalidism. *Mental Health for Normal Children* and *The Nervous Child* are admirably dealt with in simple language. This Primer, containing articles by eight well known specialists, may be had for twenty-five cents per copy from the Massachusetts Society for Mental Hygiene, 5 Joy Street, Boston, Mass.

## WHO'S WHO IN THE NURSING WORLD



XXXII. SARA ELIZABETH PARSONS

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## EDITORIALS

### A PERENNIAL TOPIC

IS there nothing new under the sun? Can nursing really be called a profession if we spend so much thought on hours of duty? These and other questions will rise in many places when this number of the *Journal* is opened. In reply to the first we would say that twelve-hour duty in hospitals is only too new a subject in many parts of the country. In reply to the second, we would say that discussion of hours without discussion of the quality of service rendered certainly smacks of a trade and not of a profession.

We are presenting articles that are representative of discussions we have heard in state after state. The scales bear heavily down on the side of twelve-hour duty. No argument offered outweighs the evidence against the noxious practice, with its attendant lowering of morale, of requiring nurses to sleep in patients' rooms; a practice which has given rise to a wholly false sense of values. If a nurse has slept, she has not served. If she has not slept, she cannot long remain efficient and happy. The practice is therefore unfair to nurse and patient alike.

Hours of duty in the home are more difficult to adjust for there is no organized nursing service to depend upon. Clear thinking is necessary and the adjustments made must be generous. In this connection we would remind nurses and the families of patients alike of the splendid results obtained in homes served by visiting nurses. In such homes only an hour or two of actual nursing care is possible, but some mem-

ber of the family, carefully taught, becomes an able lieutenant.

We must learn to distinguish between actual nursing and companionship and between companionship and mere time serving and to call them by their right names. Skilled nurses should not be expected to "spend hours in boresome idleness," because somewhere there are patients who need the skill that is not being used and because the practice leads to mental stagnation for the nurse. From within, not from without, the ranks of private duty nurses must come the initiative in changing such unwholesome conditions. Desirable changes can be brought about by the coöperation, which must be based on thorough understanding, of all those concerned; what the Directors of the nursing services of many hospitals have done, others can do.

The best possible argument is a contented and satisfied patient. Every patient is entitled to good nursing technic based on sound knowledge. He wants also alert, interested, and sympathetic care and not the lack-lustre observation and attention of the habitually tired person. Long, dull, inactive and unproductive hours do not balance the loss to the patient of the more vital elements in nursing. There is a valid argument for an adjustment of hours where the twenty-four hour type of duty prevails, for the professional worker has only himself to sell and in justice to those who buy must keep himself fit.

### DRUDGES

"OH! I'm just a poor devil of a private duty nurse." It was said humorously, but underneath lay the

conviction that the private duty nurse is the drudge of the profession. Is it true? Are private duty nurses drudges, the Cinderellas of the nursing family? Some of them toil without spirit or interest, but so do some institutional nurses and some public health nurses.

In this imperfect world there is some drudgery in every job. It is also true that what is soul-destroying drudgery to one may be eminently satisfying work to another. No one knows just how much drudgery the other person performs. Many, probably most, of the glittering and most coveted positions in our profession are held by women gifted with a capacity for hard work of a kind that would be sheer drudgery to the envious ones but it is the result that shows, not the drudgery.

Drudgery may be a habit of mind, a negative acceptance of more or less unsatisfactory conditions. Any position that really holds a maximum of drudgery,—routine, non-stimulating and unsatisfying work, is untenable and should be abandoned if the conditions of work cannot be changed so that the individual may have a proper share of satisfaction in good work well done. Private duty nurses who honestly believe that they are the drudges of the profession have two courses open to them. In a world teeming with opportunity for nurses they should be able to find a field that will call forth all their powers and offer them satisfying rewards. The alternative, of course, is to "put their backs" into the task of making private duty a worth while thing with each patient offering fascinating problems of personality, of treatment, of environment. This is the conception of private duty held by those specialists in private nurs-

ing who genuinely adorn the profession and who are in no sense drudges.

#### REGISTRARS

A REGISTRAR is the administrator of a nursing service and may be a power in her community and occupy a position of genuine leadership, or she may be almost an automaton, a routineer putting nurses on cases like pegs into holes, any peg into any hole.

The thoughtful competent registrar has no easy task. To her come nurses for cases, for positions, for advice about change of occupation, change of location, and information about registration laws, with myriads of questions about professional and personal activities; all requiring a constantly augmented store of information. To her come the public and the doctors with their demands for nurses and super-nurses and, alas! with their complaints.

A great coördinator is the broad-gauge registrar who functions in a generous spirit. Large hearted, open minded, well informed, her office should be the headquarters in the community for information on nursing. Placing registered nurses on private cases is only a fraction of her service. She may also direct or maintain a service which will put those in need of hourly service in touch with individual nurses or with suitable agencies. Nor should she be required to limit her activities and her interest only to registered nurses. She should be encouraged to meet expressed needs for less skilled care than that of the well prepared nurse. We look to the time, too, when some thoughtful registrar will work out in coöperation with some pioneering and adventurous souls, a plan of "group nursing" that

will make for a more even distribution of nursing skill and thus help solve the problem of the inadequately nursed middle class.

Mother confessor, counsellor, friend of nurses, the registrar has a marvellous opportunity for coördinating nursing activities, for promoting understanding between the medical and the nursing professions, and between both and the public.

Such registrars as we have in mind can do much to bring about the realization of one of our cherished dreams—that of a central organization in every city and town where nursing service of any type, skilled, less skilled, or subsidiary; full time or part time; institutional, public health or private duty, may be supplied to those in need. The potentialities of such central coöperative organizations are enormous and lead one to dreams of communities wholly and completely nursed. Let us not hamper, by petty restrictions, the activities of competent registrars. Let us also seek to develop more well qualified registrars than we now have.

#### A SOUTHERN AMBITION

THE Graduate Nurses' Association of Virginia is actively at work on a plan for the endowment of a chair of nursing at the University of Virginia, in order that Southern nurses may not only receive postgraduate work at home, but also that a five year course, leading to a degree and a certificate in nursing, may be offered. The promoters have the support of President Alderman of the University, who says that the reasons for establishing such a chair are "obvious and quite appealing" and that "the University of Virginia craves the

opportunity to do this work for the South." At least \$50,000 will be needed and "the major part of the amount must be raised through the efforts of Virginia nurses, in order that there may be no unnecessary delay in realizing this great dream for the advance of the nursing profession in Virginia and her neighbors to the south." The nurses of Virginia have mobilized for real action. More power to the women of courage and vision who labor to the end that dreams may come true!

The future of nursing in the South seems bright with promise when sound advances such as this and the work at George Peabody College are well under way.

#### THE PLIGHT OF GERMAN NURSES

TO help or not to help German nurses is disturbing many minds. The question is one every nurse should decide for herself in the light of her sympathies and the information given by Sister Agnes Karll in the November *Journal* and by Miss Noyes in our January number.

"Germany is not being destroyed by starvation; but hunger and sickness, unemployment in the factories and infection in the homes are undermining a people," says Dr. Haven Emerson of Columbia University, in his Diagnosis of Germany's Distress in *The Survey* of February first. Just returned from his study of Germany's health, made on request of the American Friends' (Quaker) Service Committee, Dr. Emerson's face lighted with interest and enthusiasm when asked about the German nurses. In spite of lack of funds, lack of equipment, lack of available hospital beds, Dr. Emerson felt that excellent



nursing standards and objectives are being maintained.

The public health nurses observed on duty by Dr. Emerson did not show evidences of undernourishment although their salaries are small and their work increasingly arduous because of the rising tide of tuberculosis. Many of the tuberculous must be cared for in their homes because so many institutions have closed for lack of funds.

The picture in the hospitals is vastly different. They are overcrowded, understaffed, inadequately heated, and therefore poorly ventilated. Nurses as well as patients show the effects of poor air and the lack of proper food. We must remember that twenty-five per cent of all government employees, including nurses, have been dropped. We must remember too that the economic depression has dealt most cruelly with the professional classes and with those who had put by modest savings on which to live in their age.

The American Nurses' Association has not put on a drive in behalf of suffering German nurses; it will, however, through the office of the Secretary, 370 Seventh Avenue, New York City, send to Sister Agnes Karll, President of the German Nurses' Association, such moneys as may be forwarded for the relief of nurses. The Friends' Service Committee, 20 South Twelfth Street, Philadelphia, has signified its willingness to forward bundles of clothing if the donors will send them prepaid and will in addition make a contribution to the fund for shipping clothing. It costs the Committee between three and four dollars per hundred pounds to ship clothing, and funds are not plentiful.

A pathway has been opened for those

who believe that disease and hunger and cold should be mitigated and that nurses have an important part to play in checking these undermining forces in Germany.

#### A DISTINGUISHED VISITOR

DAME MCCARTHY, G.B.E., R.R.C., Matron-in-Chief of the Territorial Army Nursing Service, has just arrived in this country and is the guest of Major Julia C. Stimson of the Army Nurse Corps. Plans for Dame McCarthy include visits in New York, Philadelphia and Toronto. Invitations for her should be addressed in care of Major Stimson.

#### BIRTH NOTICES

"THESE, Them, or Those!" This topical song comes into our minds each month when we are confronted with a mass of interesting material large enough to fill two or three magazines the size of the *Journal*. Carefully we balance the claims and the expressed needs and desires of nurses in various sections of the country and of those engaged in the many specialties.

No article or news item or filler goes in unless the editors feel that it really can justify its existence in print. But there is never room for all that can pass the test. A hungry minded subscriber, wanting more actual nursing, wrote us not long ago that the names of babies she would never see meant nothing to her. Since most alumnae associations now have bulletins which carry just this sort of pleasant news, we believe the suggestion a good one. In the interest of economy of space, therefore, the *Journal* ceases to carry Birth Notices with this issue.

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### HEALTH OF THE STUDENT NURSE<sup>1</sup>

BY CAROLINE HEDGER, M.D.

IN general, a woman agrees with a training school to give service for a period, to give tuition, or both. The hospital or training school undertakes to give her at the same time her nursing education. The report on nursing education referred to by one of the previous speakers shows that this education, both practical and technical, varies in wide limits over the United States and, of course, standardization has to come. The unspoken agreement between these two contracting parties is that this woman is to be a nurse and she is to be of constantly increasing value to the hospital during her stay there, she is to be of value to the public afterward and she is to be of some use of herself. That is not put down in the contract, as I recall the one I signed a thousand years ago, but that tacit understanding is there and must be considered.

The hospital on its side hopes to get its nursing done, and it hopes in addition to its other great services to the community to be of use in the educational field. Here at once occurs a conflict which is amply and ably discussed in "Nursing Education in the United States," published by Macmillan in 1923, and if anybody is interested in nursing problems or nursing education he must study that book. The conflict immediately arises, there are those

sick people, they have to be taken care of, how much time and strength is there left in the nurse's life, in the financial arrangements of the hospital, and all that, to educate her? That conflict is a very serious one.

Another conflict arises which seems to me similar in some ways and more important in others, and that is the conflict between the needs of the hospital and the health of the nurse, and in this conflict I believe little has been done and I want to discuss it with you a little this morning.

In this educational conflict who suffers? The nurse first, and the hospital and the community to a smaller degree. In the health conflict the hospital is hit hardest and second the nurse suffers in this conflict between the care of the actual sick that are in that hospital and the health of the nurse, and lastly the community suffers.

When this paper was put up to me I blithely plunged into this problem with the help of a trained librarian, and I said to myself, "This Hospital Association must be given figures on what the cost is of training a nurse and what her loss of health costs the hospital." Well, "there ain't no such critter." My trained librarian turned up with a couple of references very inadequate, and this same book on Nursing Education says that no figures are known, and I was somewhat in despair as to the basis of my discussion with you this morning. I have, however, gathered together one

<sup>1</sup> Address given before the American Hospital Association, Milwaukee, Wis., November 1, 1923. Published also in *The Trained Nurse and Hospital Review* for December, 1923.

or two sets of figures as samples. These figures will not hold water, they are only suggestive of the studies that you have to make for yourselves. A writer in the *American Journal of Nursing*,<sup>2</sup> on the basis of forty nurses, reckons that the cost per pupil per year of training a nurse is \$1,148. A writer in the same *Journal* of December, 1922, on the basis of fifty nurses, figured in quite a different way however, gives an estimate per nurse per year of \$914.00 as the cost of training a nurse.

As I had a calling acquaintance on three hospitals of varying size in Chicago, I betook myself out to visit. I visited a very small hospital that trains ten nurses a year, a graduating class of about three a year. Their cost accounting is very inefficient, but on their own figures they pay \$1,106 per nurse per year in the training of that little group of nurses.

I then got figures from a very large hospital, considerably over 200 nurses, and they admitted their cost accounting was very inadequate and gave me many leaks that they couldn't stop, they gave me no figures on advertising at all, and their cost per nurse per year is \$1,328.

Then I went to visit a medium sized school that carries about 140 nurses a year, and they gave me their budget. This budget included no depreciation on plant, no breakage, no care of the sick, and no recreation, and their figures were the lowest of all, and I think absolutely inadequate,—they think they can train one nurse a year for \$590. I don't believe it. I think the gaps there are so big as to make that figure almost useless.

<sup>2</sup> June, 1923, p. 573.

What is a nurse worth? What is she worth to the hospital? I got an estimate of "zero" in the probation period from one of your publications. A probationer is worth more than zero; if she makes beds, she at least takes the place of a maid, but if her education is purely theoretical in that period, of course her value to the hospital is zero. Then I got some estimates as high as 50 cents an hour, the value of the nurse to the hospital. People,—you know we cannot talk health of nurses or conservation of nurses or discuss this problem until we know what the cost is of training a nurse, and what she really earns. We must ask of organizations like the American Hospital Association a systematized cost accounting in the training of nurses before we get anywhere. It has got to be done. But we do know three things that we can begin our discussion on, and that is, first, that those sick people in that hospital have to be taken care of; second, if the nurse falls sick somebody has to take her work; and third, she has to be taken care of.

What does it cost you to replace the nurse in your hospital? What does it cost you to take care of your sick nurse? We have one study on that from Miss McMillan's own hospital. Dr. Dick in the *Nation's Health* in May, 1922, counted time lost in that large training school covering 200 or more nurses in 1920. That was an influenza year and of course the influenza gives it an undue weight, but in that year that training school lost 1,651 days of labor on the part of the nurse, and they had in the hospital 560 days of sick nurses cared for. He estimates the care in the hospital of the sick nurse at \$5 a day. If any of you can take care of a

sick person for \$5 a day, I would like to get your address in case I should fall ill, but as a matter of fact, even at that inadequate price, that bill for hospitalization was two thousand some odd dollars, \$2,800, and Dr. Dick counts not at all the cost of replacing that nurse in the ward, which Miss McMillan probably could give you.

This sick rate of 1920 has been tremendously reduced by attention to four specific diseases. For instance, their tonsillitis has been reduced by care from 315 days to 130 days; scarlet fever has been reduced by care from 279 days to 61; and their arthritis has been reduced from 131 days to 11 days, showing that by care of certain types of disease great saving can be effected.

That, however, is a little apart from the point I want to discuss with you. The largest training school that I visited reports in one year 1,378 days of illness and 3,607 dispensary visits, exclusive of vaccination, two nurses employed at a salary of \$190 a month to take care of the sick, and no cost given for replacement.

The 140 nurse school, the middle size school, carries seven nurses all the time to make up for the sick. The day I was there the superintendent had five nurses in bed and five of her seven extras on duty. But they gave me no figures on the cost of the care of the nurse, only her replacement.

People, that is a fearful situation, just from the money point of view, and I know as well as any of you the fearful burden of the money side of the hospital. This has got to be considered from a careful cost accounting side, from an evaluation, in the future, of what the nurse's training costs, what her replacement

cost is, and what she is worth. I cannot give you those figures this morning and I have simply given you these figures to make you study your own.

Another closely allied cost on the health side, but only partially health, is the labor overturn in the training schools. This middle size training school gave me their labor overturn rate for eleven or twelve years. Some years it ran as high as 70 per cent, and for those eleven years it averaged 50 per cent. What does that mean? It means they took in 100 nurses and they did certain things for them, they gave them their outfit, they trained them, they fed them, they gave them a place to sleep, they did their laundry, and before they could make nurses of them or get, perhaps, an adequate return in the hospital, those nurses slid away and left them.

I know very well that health is not the only cause of labor overturn in nurses. Of course, there are matrimony and family difficulties and many things, but you know, as hospital people, that health, physical disability, flat feet and other things have a tremendous influence on your loss of your nurses. What does that cost you? I don't know. Why don't you find out? I can't find any measure of labor overturn in nurses.

The industries are awake, and a few years ago it became my duty to estimate and learn the costs of labor overturn in industry. The best figured cost of hiring and firing a man that I ever saw was figured by the Commonwealth Steel of Illinois, and in that steel company it cost them \$85 to hire and fire a man. What does it cost you people to lose your material that you have gathered in? And what are the elements of cost in the loss of that material?



First, your hiring cost. And that hiring cost, I judge, from these schools that I visited, is heavy. My little school of ten nurses pays \$500 a year in advertising to get those ten nurses. My 140 school pays \$1,704 a year in advertising to maintain its number. That is pretty heavy hiring cost. Then there is all the cost of correspondence getting them there, getting statements from their character vouchers and all these things that always come under hiring. Then there is the output in the nursing world, as in industry, there is the reduced output from new material and one hospital went so far as to say that one graduate nurse could take the place of three undergraduates. They figure on that in replacing their nurses. I don't know whether that is true or not. The superintendent seemed to know her job pretty well. But you know that with new nurses there is necessarily increased supervision, there is increased breakage, there is the necessity of teaching the nurse the protection of herself, there is the necessity of instruction, and there is an increased risk to the patient.

These are all costs and they hit the efficiency to the hospital. How can we eliminate those costs? We can eliminate those costs by carefully getting the kind of material we want, and this vocational line discussed by a previous speaker is one method. You must get material that is fit for your job, of course, and then you have to adjust the educational problem in the way of hours of work and other things to the elimination of waste through health.

Now supposing we have a group that is extraordinarily good that we want to train. We have got to keep health in mind because of the actual cost, be-

cause of our responsibility to the woman herself and because of our responsibility to the public. Many of these hospitals are, in the last analysis, supported by the public. Some of them are actually taken out of the taxes and we have no right to ruin citizenship of the woman in a hospital supported by taxes.

What can we do? What is there possible along this health line? I have made a study for over a year of that magnificent contribution, The Standard Curriculum, one of the great contributions of the organized nursing profession. Those objects and aims run all the letters of the alphabet down to "N," and one of these topics carries a suggestion of the conservation of the nurse, because there is therein a discussion of hours and living conditions and other things that would suggest an interest in the organized profession of the conservation of the nurse. But I want to put the letter "N" on that curriculum under the subject of "Health." There is not one word definitely, sharply demanding a study of health in your organized curriculum, not one. As a matter of fact, I don't mean that you are to put in courses of how many square feet of floor necessitate so many square feet of window, and I don't mean that you are to put in courses of what each particular juice does in the intestinal tract,—that isn't what I mean. What I mean is to build up in the mind of the nursing profession the thing it lacks today, and that is the concept, to use a psychological term, of health, to build in the nurse's mind a framework on the subject of health, to which her information as she goes along can be attached so that she comes out of her training with a picture in her mind of



what health is, not only for herself, but for other people, how health can be attained, what the underlying factors are, and how they can be gotten. Now that is at least one addition to your organized curriculum that I think we must have quickly.

In working with small groups of undergraduate nurses, about four health problems have stood out as demanding attention. First, fatigue. Any one addressing groups of undergraduates will testify to the difficulty of keeping all the nurses awake, even though the material given might be or is supposed to be of interest or use to them. Over-fatigue reduces efficiency, reduces resistance to infection. I want to quote a nurse from Southern California who was trained under the eight-hour law that is absolute in California. She tells me that the eight-hour law has reduced their loss through sickness in California tremendously, that the eight-hour day has made it easier for them to get material into their training schools and has made possible the obtaining of better material.

The second need that I feel, on my side of the fence, is a nutritional supervision of the nurse. Go into any nurses' training school, weigh and measure the nurses. You will find a certain per cent grossly over-weight. They are so fat they are sick. And their feet are not holding them up as well as they should and they have typical flat-foot gait from carrying so many pounds.

Another percentage, and I am sorry to say somewhat larger, in one of my groups it ran close to 42 per cent, are at the other end of the nutritional scale. They are so skinny as to be unlovely and dangerous. That nutritional prob-

lem is a fundamental one, because your skinny nurse has a lowered resistance to certain infections that she must meet, and your fat nurse has a certain lack of activity and adaptability and wide-awakeness that are very necessary in the profession. And we are paying very little attention to nutrition.

Well, now, what does that mean? It means weighing and measuring the nurses once a month, and it means a little more than that, it means some education as to the value of nutritional balance. There are lots of people that don't know they are sick with fat. They say, "Oh, I am perfectly well," when they are just about half awake, and when they are loading their bodies with excess nutrition. I have been sick with fat, and when I have an attack, I fast it and pray it off.

This nutritional problem is a very difficult one in the training school because of the standardized diet. I am not critical of training school diets, either, I believe that in these later years training school diets are much better than in my day, and are, from a caloric value, at least, adequate; whether they are adequate in vitamin content I don't know, but I believe that most training school diets are, from the basis of ordinary requirements, adequate. They are not adequate unless they are adjusted to this nutritional problem of the nurse. Your fat one shouldn't have potatoes twice a day; she should have cabbage. Cabbage is the mainstay of us fat ones. Your skinny one should not have cabbage exclusively, she should have milk and cream and good food. What can you do? I cannot see but what we must have certain divisions of training school dietary, there must be a fat table, where

cabbage is served, and the fat ones must be herded in to that table until they come down. Then there must be an extra milk and cream place for the skinnies, and over there they must be.

And there is a third class of the dietetic problem that I am rather shocked to find in the training schools that I work in. I worked in the same 140 training school last year, and, almost apologetically, I gave to those undergraduate nurses, Dr. Sippey's wonderful diet against constipation, and I was almost afraid to do it, it seemed an insult to give those women in their second and third year so fundamental a thing as an anti-constipation diet. I was assured, however, by the superintendent that the diet was needed, as she was worried about the constipation in her training school. That simple coarse diet could be provided and the constipated girls in the training school could be adequately fed, right in that dining room, without any extra cost. It would, however, take some adjustment of the standardized and possibly theoretically adequate diet, to the nutritional problem of the individual nurse. This health of the individual nurse has to be considered. You cannot stand these days of sickness, this loss of nurses in training, and all of this inefficiency that goes with these nutritional defects. And you can if you will, if you really believe it, arrange for nutritional supervision of the nurses that will bring them through better able to take care of your patients, and effective in the community when they get out.

The next problem involves both fatigue and nutrition—the problem of night duty, and a very long discussion of night duty occurs in that book,

"Nursing and Nursing Education." From the educational point of view, I believe that there should be a nutritional standard for night duty.

In trying to build up a group of young nurses, year before last, I had a large percentage of skinnies, and by advice and urging I was getting some results. It was possible to get perhaps three or four pounds on these emaciated people and to begin to hope for some nutritional balance. If snatched out of my hands and put on night duty, the nurse would lose perhaps six or seven pounds. That is a waste of human material. Any of you who have been through the profession know the strain and the drain and the exhaustion of night duty, and no one can speak more feelingly on that subject than myself. We cannot afford to put into night duty the girl that is not nutritionally ready for night duty. I myself lost fifteen pounds in fourteen nights once, on my first night duty, and really that was a little too much, a current infection got me within ten days and I paid for it with five months of illness. Nobody paid any attention to the fact that I was losing more than a pound a day on night duty.

There are other problems connected with the health of nurses on night duty that I haven't time to go into, and that are perfectly familiar to you. How many of you on day duty would enjoy getting up at 3:00 a. m. to go to class? How many of you would do it? That is a perfect outrage. And, of course, the problem of sleeping quarters and the quiet place for the nurse to sleep is a very heavy financial problem and is not yet solved; in many schools it has to be solved. But the thing is to see, with what equipment you have,

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what you are doing to the health of that nurse. Supposing you haven't ideal nursing quarters. If that nurse is good stuff, she may be able to stand that night duty. If she is not quite so good stuff, and that night duty is depressing her to a point below the safety line, then she has to be dealt with as an individual. She cannot just go on and stay two weeks or four weeks or six weeks, irrespective of her condition.

A fourth point that has been forced upon me is the necessity of conservation of the reproductive function of the nurse. As a matter of fact, we are much in need in this country of trained mothers and of mothers who are competent to give us a future commensurate with our ideals and in this no group should be a more participating group than the nurse. The training school has no right to exhaust the nurse to the point where her reproductive function

is imperiled in the future. I find in training schools,—in the two or three that I have worked in, a good deal of indifference to this reproductive function. In one group I found, for instance, six nurses who needed immediate medical care and supervision for menstrual difficulty, and the training school apparently knew nothing about the condition of those nurses. Those questions of reproductive perfection are nutritional nervous questions. Menstruation, for instance, is a purely nutritional manifestation. It is the casting off of nutritive material that is not at the moment needed, and when that nurse comes through, if she is elected for her high calling of motherhood, that nutrition will be utilized the moment she starts to create a new life. If she is exhausted to the point that her menstrual function is impaired it is a sign of a serious drain.

Catamenial Calendar

(Roulet)

January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	January
January	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	February
February	26	27	28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	March
March	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	April
April	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	May
May	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	June
June	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	July
July	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	August
August	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	September
September	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	October
October	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	November
November	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	December
December	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	December
Dec. & Jan.	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	January

EXAMPLE—Find June 4, the 28th day following is July 1st, and will be found immediately below June 4th.

Copies of this calendar may be supplied to a student who crosses off the actual days of menstruation and presents the calendar to the House Mother once a month. If menstruation is of the 28-day type, the rows of crosses go straight down the page; any irregularity is instantly visible, both as to amount and interval. Copies of the calendar may be obtained from the National Kindergarten College, 2944 South Michigan Avenue, Chicago.

The training school I believe should supervise the menstrual function of the nurse. It is easily done. There are clever little diagrams published. I use them in a school of adolescent girls in which I am interested, in which the house mother at a glance can see whether that menstrual function is altering in rhythm, in amount, in type, and so on. All that is necessary is to make your training school and your hospital believe that it is worth their while to know the health condition of their nurses in the reproductive field. It has to do with their efficiency. It has to do with loss of time. And, by the way, in this wonderful study of Dr. Dick's, I see that he had no account of any time off for menstrual difficulties nor for flat feet, two things that seem to me of importance, but he did have 38 other diseases carefully studied.

Fifth, the conservation of the nurse's nervous balance. And on that we have done very little, I fear. Edna Foley gave some ideas on that subject recently and quoted a case that had come to her office just the day before I saw her, that will illustrate one phase of the problem. A nurse in her Senior year had been appointed night superintendent over four floors of a small hospital. On the top floor of that hospital was a patient with a special nurse, and the husband was there at night. The superintendent in pursuit of her duties was on some other floor. The nurse stepped out to get something for the patient, the husband took that time to step into the hall, and the patient went out the window. Technically that superintendent was not responsible, no superintendent can be on four floors at once, however small the hospital. Actually, such was

her high sense of responsibility, that that girl was absolutely wrecked.

How can we prevent things that wreck the nurse nervously? Not such extreme ones,—of course every training school would try to do that, but I mean lesser things. I recall in my ancient day how an insane man grabbed a nurse in the hall of the ward below me in Cook County and I recall the shock to that nurse,—we got there in time to save her life, but I recall very well her condition; she didn't get over it for months. Her nervous tone was seriously impaired over a long period. You know and understand what I mean by the nervous tone of the nurse. Take a young nurse, put into a difficult ward at night, without proper help and supervision,—what do you do to her nervous tone? You may finish her.

Take a probationer that I sent into one of our fine hospitals. She was unusually good material, I thought. The fifth day that she was there they set her to watch a dying man. She had had no experience in her life to tell whether he was dead or alive, and the fright into which she went caused her to leave the hospital at once. It is that kind of thing I mean when I speak of the nervous conservation of the nurse in the hospital. I mean a little wider than that; I mean the conservation of her nervous vitality. The nurse has to be conserved that she may have some vitality for intellectual and social life, and that is a measure that is under way.

Have we any way by which we can measure the condition of our nurses in this field? I believe there is one possibility,—and I caught this possibility from a group of nurses on the Pacific Coast that I met last year. That



organization told me that they were using the Schneider Cardiovascular Efficiency Test,<sup>3</sup> now that sounds like a lot of hard words,—and that they caught just this kind of case, this nurse that had been frightened or depressed or over-fatigued.

Well, what is that? It is a point system, and it is used in the flying fields with a good deal of success to determine the fitness of aviators. How does it work? You have a chair 15 inches high, and the person you are testing steps up on that chair six times in so many seconds, fifteen seconds, I believe it is. His pulse is taken before he does that little exercise, and his blood pressure, and his pulse and his blood pressure are taken after that little exercise, and at intervals, until they return to normal and the points are figured. That isn't a difficult thing, it is not a costly thing, and if that works out for nurses as it has worked out for the fliers, it is one way that we can conserve the nervous health. I was so glad to hear this appeal for mental hygiene, it is one way that we can conserve the nervous health of our nurses and make them effective.

To get standards of health in 1800 training schools is difficult, and nobody knows it better than these leaders as they have been speaking to you this morning.

One idea I have been working on for a year and I throw it out to you. I haven't got it yet, and I don't know whether I ever will get it, but I am going to give you what I am thinking about and see if you will think about it.

<sup>3</sup> Burton-Opitz, R. Tests of physical efficiency. *Amer. Physical Education Review*, April, 1922, 27:153-9.

And that is a system,—I will just put it in the form of a question,—would it be possible to get group insurance for these nurses in training, as well as for groups of nurses as, for instance, visiting nurse associations? You know the industries do it. The industries say to the insurance company, "Here, my production is so and so; I have so many people, such ages; I want to be insured against loss of production." Why couldn't that be done in training schools and groups of V.N.A. and other groups, T.B., and all those? I believe it could. I am not discouraged entirely yet. My idea on that would be that the training school would say to the insurance people, "Here, I have 141 nurses; their ages are ——. I need to be insured." Then that superintendent wouldn't have to carry the expense of 7 extras, she would get a money value on loss of time and she could hire her extras,—“I need to be insured against the loss of services of those nurses in this hospital.” Then my idea would be to have the insurance people say to the nurse, “Yes, I will figure the cost of that insurance, provided you will supervise the nutrition of the nurse, that you will agree not to put her on night duty unless she is fit, that you will supervise her reproductive health and maintain, insofar as in you lies, for that nurse, a normal nervous balance.”

Now is that a dream? Isn't there such a conservation as that possible? Wouldn't it pay you to be paid for the sickness of your nurses, and wouldn't it pay you to eliminate on these four points not only the inefficiency of your nurse in the hospital, but the inefficiency of the nurse in the future?



## NOTES FROM LEAGUE HEADQUARTERS

## DO YOU KNOW

THAT the National League of Nursing Education is the Parent Association of all other American Nursing Associations;

THAT its birth dates back to the World's Fair in Chicago in 1893;

THAT since that time it has persistently and consistently worked toward the object declared in its Constitution as quoted below:

The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.

THAT actual accomplishments, capable of being listed and defined, form the evidence on record of these thirty years of labor.

## SO THAT YOU MAY KNOW

Beginning this month and in following issues there will appear in the Department of Nursing Education brief statements of the activities of the League in the past, in the present, and its plans for the future. (See this month's list of Publications, Portraits and Slides prepared by the League.)

## ARE YOU

- A Nurse Superintendent of a Hospital
- A Principal of a School of Nursing
- An Assistant in a School of Nursing
- A Teacher in a School of Nursing
- A Supervisor in a School of Nursing and Hospital
- A Head Nurse in a School of Nursing and Hospital
- A Head Worker in social, educational or preventive nursing.

IF SO, you are eligible to Membership in the National League of Nursing Education, providing you meet the professional requirements.

## ARE YOU A MEMBER?

*Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues \$5.00.*

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PREPARED BY

THE NATIONAL LEAGUE OF NURSING EDUCATION

AND DISTRIBUTED FROM

NATIONAL NURSING HEADQUARTERS, 370 SEVENTH AVENUE, NEW YORK CITY

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A Sounder Economic Basis for Training Schools for Nurses.....	M. Adelaide Nutting, R.N. .15
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How Can We Care for Our Patients and Educate the Nurse?.....	M. Adelaide Nutting, R.N. .15
Report of the Committee on Nursing Education.....	Josephine Goldmark .15
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The Objective of the Nurse in a Democracy.....	Annie W. Goodrich, R.N. .05
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The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

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## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

*Director, Nursing Service, American Red Cross*

### RED CROSS NURSES IN MANY LANDS

**M**EMBERS of our big Red Cross nursing family scattered all over the globe are sending in characteristic replies to Miss Noyes' Christmas letter. Of the 40,000 enrolled nurses several hundreds are in foreign lands. There is not a continent—indeed, scarcely a country in the world—where they cannot be found, carrying on in that spirit of service which is the principle from which our great humanitarian organization draws its strength. It is interesting to note their location:

In the several republics of South America there are 21; Central America has 6 and the Panama Zone 56; 19 are in Mexico; the beautiful islands of the West Indies and the Caribbean Sea have attracted 27; in the various countries of Europe from north to south and east to west are 95; the greatest number, 191, are to be found in Asia and Australasia, 94 of whom are in China alone and 40 in Hawaii. This list does not include the Red Cross nurses with the Navy in foreign countries nor those nurses with the Near East Relief Organization largely in Athens and the Caucasus. They are engaged in all manner of work, not necessarily in Red Cross service—in private duty nursing, in public health and industrial nursing, in hospitals and mission schools, numbering among the last named those engaged in the preparation of native girls for nursing. Their influence radiates far and wide beyond the bounds of their immediate sphere.

A surprising response has been received to the annual questionnaire sent to every enrolled Red Cross nurse. It may not be realized by the nurses themselves how very necessary it is that the Red Cross should know exactly where each one is located, in order to keep in close touch with each. To ensure that great response which is our pride in any grave emergency, this is highly essential. Almost as important is the fact that they should be kept informed of many matters arising from time to time which it is good for them, and their work, to know.

### RED CROSS CHAPTER NURSING IN PORTO RICO

Rose Schaub, Director of the nursing activities of the Red Cross Chapter in Porto Rico, writes of the sound foundation already laid by Miss D'Olier, her predecessor, in the development of a system of public health nursing and instruction in Home Hygiene. She also emphasized the need of an adequate supply of qualified nurses as most imperative if a comprehensive piece of work is to be accomplished. One of her first steps, therefore, was to get into touch with the Graduate Nurses' Association which held a meeting early in January, at which fifty nurses (there are seventy-two members) were present. This Association, we understand has recently made application for membership in the American Nurses' Association and is seeking every opportunity to strengthen the professional

preparation and position of nurses in Porto Rico.

Miss Schaub writes that Christmas Day is not celebrated on the island except as an extra holiday, but the sixth of January—Three Kings' Day—which is in celebration of those three kings who brought their gifts to the Christ Child. She and Miss Lane went on this day to Leper's Island where they learned "several good lessons in brotherly love." Gifts from various sources were taken to the lepers including a cart load of lovely things from the Spanish nuns and padres. Among these, to the horror of the Red Cross nurses, was a dollar bill for each. One of them hastened to the Sanidad for an order, to be sure that the money is disinfected before returning to circulation.

#### SCHOOL OF NURSING IN SAN DOMINGO

From San Domingo, where Elizabeth M. Hunt, a Red Cross nurse, is in charge of the Military Hospital and School of Nursing of the Dominican Government, Miss Hunt writes:

The training of nurses is in the pioneer stage. At first the only applicants were women and girls without education and lacking the right kind of home training. From among these applicants we selected those who could read and write and who were of good moral character. Many applicants proved upon investigation to lack the necessary qualifications. Last July a great effort was made to graduate four nurses, making the exercises as impressive and inviting as possible in order to interest the better class families. This purpose was apparently achieved, for four of the present probationers come from excellent families and have been educated in grammar schools.

The outline of the curriculum is along very much the same lines as those suggested by Isabel Hampton Robb in her book of *Practical Nursing*. Lectures are given by the Executive

Surgeon and his assistant, Dr. Ellis; anatomy and materia medica are taught by the Chief Pharmacist; and I teach the practical nursing. We use the object method of teaching.

That the graduates are proving acceptable is shown by the fact that "one is now in charge of the hospital at Seybo and another has been working since early in January with an American doctor and nurse at the Barahona Sugar Estate."

Miss Hunt concludes:

We often feel discouraged and think that we are not getting adequate results for the effort expended. On the whole, however, a great deal has been accomplished and much praise is due the nurses and hospital corpsmen for their willingness and eagerness to learn.

#### CHRISTMAS IN THE PHILIPPINES

Crossing from the West Indies to the other side of the world, the Philippines, Virginia Gibbes, then Director of Nursing Activities, sends us ideas of how Christmas is celebrated there. The Filipino children have no dusky Santa Claus but "they have the manger where Jesus is worshipped by Mary, Joseph and the shepherds." On Christmas Eve they are allowed to stay awake for the midnight mass and the midnight dinner. Then on Christmas morning, very gaily dressed, they go visiting. At the Red Cross Headquarters there was a community Christmas tree for all the children who go to the Associated Charity for help and who visit the center. At a series of health demonstrations, the mothers who could show the best way of bathing a baby were given prizes. Nor were the babies neglected. Prizes were also awarded those attending the center regularly and showing improvement in health.

Miss Sespene, assigned as Chapter



nurse to Sulat, gives a graphic description of serious conditions at San Julian, Sulat, Taft and Dolores, where a typhoon in November wrought great destruction.

There are probably as many methods for applying a "cord" dressing for the new born infant as there are lands in the world but the following is a striking illustration of what not to do, in which nurses will be interested. Miss Sespene recently visited San Vincente, a suburb of Sulat (Samar), for the purpose of holding a consultation and clinic for two days. She told the policeman who accompanied her to go around the town and ask the mothers to come to her with their children. They crowded the house. In quaint English she states:

One woman came with a baby four days old who had an infected cord that smelled awfully bad. The woman was an unlicensed midwife and the very one who delivered and attended the baby. So I told her to watch me well how I fixed the cord. I opened the binder and found a piece of rotting cord not less than six inches in length imbedded in a handful of ashes.

It was not off yet, so I cleaned it as well as I could with alcohol, tied it short, and cut a large portion of it off. I also showed her how to dress it with a piece of clean muslin and how to apply the proper binder so as not to interfere with the circulation. There were many mothers besides the midwife who saw me dress the cord and they asked many questions.

#### NEWS ITEMS

Rose M. Ehrenfeld, who since 1918 has been with the North Carolina State Board of Health as Director of the Division of Public Health Nursing, also representing the American Red Cross, assumed duty in January on the National Headquarters staff of the American Nurses' Association, 370 Seventh Avenue, New York. Miss Ehrenfeld has had a long ex-

perience in many types of nursing work including school work at Hindman, Ky., Settlement. In July, 1914, she enrolled in the Red Cross Nursing Service. During the war as she was doing important public health work she was granted the "special chevron."

Stacia Walsh has recently returned to this country from Serbia, where she has served for several years with the Child Welfare Organization of America working in that country. As a member of the American Red Cross Nursing Service, Miss Walsh was assigned to the Army in 1917, serving both in this country and Europe. At the conclusion of the war, she was released from service in Europe and assigned to the American Red Cross, serving under its banner in Poland, Serbia and elsewhere, and was finally released in March, 1921, to serve with the Serbian Child Welfare Association.

Sara Lane, after a long experience in Red Cross Nursing work in this country and abroad, has recently arrived in San Juan, Porto Rico, to assume the direction of Public Health nursing of the Departamento de Sanidad. She writes "I never expected anything could be so lovely as Porto Rico" and goes on to speak of the warm welcome she received, Miss Schaub, Director of Nursing of the American Red Cross Chapter, having met her upon arrival in the early morning hours,—and of the opportunities for good Public Health nursing work as well as of the fine spirit of coöperation that existed between the Chapter and the Sanidad.

#### SUMMER INSTITUTES FOR INSTRUCTORS IN HOME HYGIENE

Red Cross opportunities this summer for the better preparation of Home Hygiene instructors will include recreational features, together with "Principles of Teaching" correlated with "Technic of the Presentation of Home Hygiene."

Simmons College, Boston, will repeat a course similar to the one which was given last year. The instruction for the practical work of the Red Cross course will be given by a Red Cross nurse who has both teaching and public health

nursing training. She is now a full-time instructor on a high school teaching staff. She will work in close coöperation with the same Professor of Education, who was so popular with the nurses last year. Trips of recreational and historical nature will be posted regularly with detailed information. Facilities for bathing, swimming (pools) and hiking may also be enjoyed by the fortunate nurses who desire them, thereby feeding both brain and body which should be the consistent aim of all nurses, especially nurse teachers.

Pennsylvania State College, situated in the beautiful Allegheny Mountains, offering wonderful opportunities for hiking, etc., will give a combination course of "Principles of Teaching" and "Technic of Home Hygiene" which will be available to all nurses interested.

An opportunity, the first in the West, is now being arranged for in Colorado by the National Red Cross where the Director of Home Hygiene is, at the moment of writing. The nurses from the far west, the southwest and the central west should be interested in this announcement embracing as it does the vicinity of the National Parks with their marvellous playgrounds and wonderful facilities.

The demand for college and normal trained Home Hygiene instructors is growing faster than it can be met. However, the nurse with broad experience and teaching ability can fill many of these positions and improve her status by taking a postgraduate course arranged by the Red Cross with these splendid institutions which are so coöperative.

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Two Health Films reviewed by the National Health Council, each two reels in length and each to be had for transportation charges only:

*Working for Dear Life.* Distributor, Metropolitan Life Insurance Company, 1 Madison Avenue, New York. "That one's body requires the same regular and thorough examination that the various mechanical contrivances receive, which make for the daily comfort of the man of today, is the central idea of this very effective health film. But more than this, the film also succeeds in giving the audience a working idea at least of what a thorough health examination should be."

*Well Born.* Distributor, The Children's Bureau, Washington, D. C. "With so much emphasis on maternal and infant welfare, it is only fitting that so superb a picture as 'Well Born' should appear on the health movie horizon. The producers of this film may be congratulated on having presented in most attractive style the various points that should be emphasized in adequate pre-natal care. Mr. Ellis, as usual, has chosen the story form, but the narrative element serves only to more gracefully present the facts and does not in any instance detract from the interest in the subject matter. The audience is introduced to a city woman and a country woman, both of whom are preparing for their babies' coming. As the slender plot unravels we find both husbands assuming their proper responsibilities."

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## DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

AFTER an annual meeting of a Visiting Nurse Association, at which many excellent pictures of work with patients in their homes were shown and several good reports were read, three training school superintendents commented on the fact that it was so easy to make any kind of public health nursing interesting; whereas training school reports must, of necessity, be fairly dull things and training school committees were hard to interest in the needs of the training schools.

It was suggested that if the work done for the patients in the hospital were put before the members of the training school committees vividly, it would not be difficult to make them see that it is only possible to meet the needs of the patients and to give them the sort of care that brings good results, if the nurses are properly taught, supervised, housed and fed. Probably every hospital patient has his own story, both before and after he enters the hospital, and certainly he has it while he is in the hospital. A poorly equipped training school cannot give nurses a chance to get the best results for their patients.

One way of interesting committee members and directors is by telling actual stories of families entered, needs encountered, and results secured. The following stories are taken from the monthly reports of nurses in a large Visiting Nurse Association who are required to submit statistical and narrative reports of their work once a month.

### "VIGNETTES"

#### LONELINESS AND OLD AGE

District A covers a large and scattered territory. It contains a university, three business streets, several blocks housing negroes only, a big railway freight station and many tracks, a few good apartments, and a great many old family homes that are now boarding and lodging houses. In these last live some of our most difficult problems. They are patients who have seen better days and who find it very hard to adjust themselves to the poor surroundings that their greatly reduced incomes force upon them.

We found Mrs. N. living in a tiny attic room under the roof of a comfortable old boarding house which evidently had once been a well kept, very well built private house. Her room was tiny and the pictures and dresser appointments showed that our patient was distinctly not of the so-called "district" type. The size of the room and the clothes-line at one end of it (on which hung garments which she, herself, had washed out), showed at a glance her poverty.

Our patient is nearly seventy years old and is pathetically eager to find some work at which she can earn a living and not be dependent on the generosity of friends, but although she is reasonably well educated, she has never been taught to do any one thing well. The call came to us because Mrs. N. was convalescing from a recent operation and even when she no longer needed the services of a

nurse, she was so lonely that she begged us to come back again. We found that what she really needed was a friend and that our daily visits had meant more to her (because they kept her in touch with the world outside), than our daily treatments. Fortunately, we have been able to refer her to a near-by church which is going to send in a friendly visitor who will represent herself as a friend of the nurse and of the Visiting Nurse Association, for lonely as she is, Mrs. N. is proud. She will be properly introduced to a friend of the Visiting Nurse, and she will be correspondingly gracious and hospitable to that friend when she calls, but she would rather live in her loneliness than know that she is being visited because someone is sorry for her.

#### ORAL HYGIENE

Mrs. O. is a sensible, well-meaning woman but like so many of the rest of us, prefers to let Fate take care of her health troubles. When the doctor first referred her to us last summer, for post-natal care, she was running a high temperature. We found that this was due entirely to the wretched condition of her teeth and mouth. She had been advised repeatedly to have the teeth extracted but it seemed so much easier to go on as she was, for she was some distance from a dental clinic. However, we finally won her over, after we had helped pull her back from Death's door, and now Mrs. O. is toothless but her temperature is normal and there seem to be no other complications. The baby, she says smilingly, is the nicest one of all.

The family income is rather small and we learned that Mrs. O. was saving, literally nickel by nickel, for her new

teeth; therefore when we found a Christmas Goodfellow who wanted the fun of buying toys and food and mittens for children, we persuaded him that we knew a group of children who would be better cared for if he put most of his money into one big gift to their mother and into a few less expensive gifts for the youngsters. The distance from the dental clinic makes it almost impossible for Mrs. O. to get there in time for regular appointments, but the Goodfellow's check has made it possible for us to cut the Gordian knot and she is going to a neighborhood dentist who is giving us good rates and who will also provide Mrs. O. with well made, well fitting plates.

#### A COMPLICATED SITUATION

One of our crippled children who has made quite remarkable progress since we started his exercises, is Quentin, now five and a half years old. Poliomyelitis in 1921, left him with useless legs and one badly affected arm. He was given the usual after care and both the boy and his mother did such splendid teamwork that the arm (which at first worried us greatly), and one leg, are now practically normal. We hope that the other leg will be almost normal soon, for the long brace which he is wearing is soon to be changed for a short one.

Quentin's father divorced his wife and re-married some time ago but he seems genuinely fond of his son. He comes to see him often and sends \$5.00 regularly toward the child's support. The mother is a young, attractive woman, doing her best to give her boy every possible chance. She supports herself by sharing her small apartment with a sister and her husband and she has two

other roomers. She is rather clever at hand work and is making lamp shades. In this family, the crippled child was not our most serious problem, but what seemed to us at first to be an unusually hopeless situation is apparently working out very well.

#### MEXICANS

So many Mexicans have come north during the past few years that the Central Free Dispensary in Chicago has formed a special committee to deal with the problems of the Mexicans in that city.

Most of the families with whom the Visiting Nurses come in contact are simple and childlike ones who have usually disposed of all of their personal belongings in order that they might get transportation for themselves and their families; consequently they are surprised and helpless when confronted with the drastic changes of their new environment. Early last fall one family came from Texas with four small children and very little else. For months the father sought work, but winter found the family nearly penniless as well as cold and hungry. Two of the four basement rooms which they shared with another Mexican family, were absolutely bare except for a very unsteady bed, a wooden box used as a table, and a small heating stove which seemed never to have any heat. The children had nothing but summer clothing and the year-old baby's only garment was a small cotton blanket. The poor mother had made matters much worse by trying to clean up, for the scrubbed floors and dank, dark basement rooms remained wet and refused to dry.

The baby, who had been referred to

us, was ill, really, from cold and improper feeding. We secured emergency help and referred the father to an employment agency for work. The next day we found the family situation even more desperate, for the family who had shared their rooms had moved the evening before, taking with them the only blanket. Fortunately the employment agency could find a job for the man, the relief agency put in old clothing and temporary help, and Christmas day found the family comfortable for the first time since their arrival in the north.

#### BURNS

Sam, aged 5, fell into a wash boiler while his mother was busy in another room, and was badly burned on one arm and side. Although obviously a hospital case, the family would not listen to his transfer and the doctor asked the visiting nurse to go in and do the daily dressing.

The ordeal was almost as hard on the nurse as on Sam and at first he objected seriously to being touched. However, a chocolate engine was used as a bribe, every time he stood the dressing without too much fussing, and he was promised a real one if he would be a good boy. On Christmas day, when the nurse went in to do the dressing, she was greatly surprised to discover that Santa Claus had been there and that Sam was the proud possessor of a marvelous new engine (which, of course, the nurse had not seen before)!

During the process of caring for the burn, it was discovered that Sam had had a discharging ear for months but as ears meant nothing in that particular locality, no care had ever been given



it. John, aged 10, had bad tonsils. Now both Sam and John are registered at the nearest dispensary, the ear is practically well, and a tonsillectomy is to be done for John as soon as his name is reached on the list.

#### CHRISTMAS GOODFELLOWS

A call on a colored family revealed how generous the Goodfellows were in that particular neighborhood. Mrs. X, the mother of several small children, said with great pride:

"Four Good Men came. They took their coats off and sat right on the floor while the children opened the packages. The toys were wonderful and those grand young men showed them how to work the mechanical ones and then gave me \$5.00, saying that they wished they could do more."

#### RELIGIOUS OBSERVANCE

Although a Visiting Nurse Association enters many families, regardless of creed, color or politics, this does not mean that Visiting Nurses should not know and respect the customs, traditions and beliefs of their families. It is occasionally delightful to see how unconsciously patients trust the advice which an utterly unorthodox nurse may be able to give them.

For instance, we have been caring for an old Jewish couple. The man is a push-cart peddler; the wife is quite helpless with arthritis. According to the custom of orthodox Jews, the Sabbath should be met with clean body and soul and a clean house; so the Visiting Nurse usually plans to make her Friday call on Mrs. B. early in the afternoon, before sundown. Frequently she finds that Mr. B. has finished scrubbing the floors

and has already placed the candles on the freshly-covered table.

On a recent visit, however, the nurse found none of these preparations in progress. The patient was greatly relieved to see her and said: "My dear Nurse, I have been waiting for you. My man does not feel good but he wants to scrub the floor just the same. I told him we have to ask you first and not before you tell him will I let him scrub the floor." The poor old man had been out in the cold and had got much chilled. He had a normal temperature, however; so the nurse managed to please both patient and husband by suggesting that he merely straighten up the room Saturday and let the scrubbing and hard cleaning go until Monday.

#### COÖPERATION

Jennie was referred to us by her physician in 1921. The diagnosis was osteomyelitis of the right leg. Since then she has spent about nine months in three different hospitals, she has had twelve operations, and more than four hundred calls from the Visiting Nurse. Less than a year ago, her daily dressing required more than an hour; now the dressing is done once a week.

Ever since Jennie was first able to sit up, she has been busy making fans and doing other needlework, for which the Vocational Society for Shut-Ins finds a ready market. Although her improvement has been slow, it has been steady, and our patient is now able to get about on crutches and does most of the housework. She may always have a stiff knee but she has shown such remarkable vitality in the past three years that we are not sure but that the knee may come out fairly normal after all.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

WHO SHALL DECIDE THE POLICIES OF OUR SCHOOLS OF NURSING?

BY GRACE E. ALLISON, R.N.

THE establishment of an independently endowed school of nursing during the past year was an epoch-making event, as it marks the development of a new system of training school control in this country which will provide for the more liberal preparation of our student nurses to the end that they may better meet the varied nursing demands of the community.

Although the Nightingale School of Nursing established at St. Thomas Hospital, London, was endowed and controlled by a separate and independent committee organized solely for the development of the school, a similar organization, in all particulars, had not been introduced in this country. This fact may seem surprising to one unfamiliar with the history of nursing work because it has been only through this plan of organization that other institutions of learning have developed and received financial and other support necessary for their existence and maintenance.

But little reflection is needed to ascertain the reason why the system under which practically all nursing schools in our country operate, was so generally adopted. Hospitals were looked upon as charitable institutions and as such were entitled to any free services and material contributions which came in answer to their appeals.

Student nurse service developed first among those hospitals which aimed only

to care for the sick poor, but the experiment proved of such economic value that private hospitals with large private services and even some commercial hospitals adopted the general plan with the result that hospital schools of nursing increased from 432 in 1900 to more than 1,600 in the short period of twenty years.

We are only lately beginning to ask how such a system has continued to exist for so long a period and why the general public has been so apathetic regarding any effort for reform, particularly in the light of the increasing dissatisfaction with the results obtained.

Although these schools have been submerged in the organization of hospitals which have, without question, utilized the services of student nurses for the advantage of the hospitals, it has not generally been done consciously or deliberately on the part of our boards of trustees. Nurses themselves accepted the place with little serious thought given to the need for any radical change.

This tradition has become so firmly fixed in the minds of many of our own groups that they are still unable to detach themselves from the customs of the old school. One of the most vital needs in our work as nurses today is to voice the difficulties which have ever existed in preventing the development of the necessary opportunities for students in our schools that they, as graduates, might

be better prepared to meet the increasing and varied demands made upon them by the public whom they serve.

Nursing should be placed side by side with other professions,—teaching, journalism, medicine etc., and its candidates given a full share of corresponding opportunities which are open to others desirous of preparing themselves to share in the service and responsibilities of life.

Until comparatively recent years the service of hospitals was largely looked upon as that which was only curative in effect and comparatively little concern was manifested in the rehabilitation of the patient as a contributor to society. With this prevailing attitude toward the more limited obligation of hospital service there was also the idea which still persists, that the function of a school of nursing is to perform the service of that particular institution, and it follows that the less progressive the hospital the more limited are the opportunities offered with the result that poorly prepared graduates are repeatedly sent out to practice under the guise of a well qualified nurse. It also usually follows that the greatest opposition toward more liberal opportunities comes from these types of hospitals because their interest in training school work has been so largely restricted to this aspect of student service.

One of the many illustrations which are constantly arising, was given by a superintendent of nurses recently who had received a letter from one of her recent graduates. This nurse had registered for private duty service and her first patient was a child with scarlet fever. Although the nurse had spent three years in the school, she had not been privileged to spend more than one

month in the care of sick children, and none in contagious nursing, for the reason that her services were needed to care for the large number of surgical patients admitted to the hospital. The unfairness to the patient was the object of the letter. A hospital which thus uses student service for its own economic needs, at the expense of the fuller development of the students for general community service, often jeopardizes the lives of many of our present and future citizens.

Under the present form of organization which provides for neither an independent financial budget nor a separate board of control, it is impossible to bring about any marked change. Superintendents of nurses have struggled long and courageously with this dual responsibility, one to provide the immediate nursing service needed in the hospital and the other, which necessarily always was to be sacrificed because no other means was provided, the better preparation of the student.

It is unreasonable to expect that boards of trustees who are deeply concerned with the many pressing demands of a hospital, or the superintendent, could give time for the detailed study of the needs of the school of nursing and it is doubtful if the personnel of such a board would be best suited for the different problems which confront the school. It is therefore highly desirable that a committee be appointed by the board of trustees, to which final authority shall be given, excepting in matters financial, and in which responsibility shall be placed for the development of enlarged and necessary opportunities, educational, professional and social.

The possibilities which such a plan

offers is shown in several localities, one of the more recent developments being at White Plains, N.Y., where committees from five separate schools have brought about the development of a Central School of Nursing. A two story educational building, well equipped, has been provided and students from these schools assemble here for instruction similar to that in other teaching institutions. This plan obviously has many advantages among them being more highly qualified teachers and more adequate teaching facilities than could be supplied by each hospital working independently.

If a survey of the nursing schools were made today it would undoubtedly be found that the schools which are approaching the standard of teaching schools of nursing, are those supported by committees whose ultimate aim is to send forth graduates capable of satisfactorily meeting the increasing demands.

The personnel should include both men and women. The chairman should have representation on the board of hospital trustees which offers the opportunity of interpreting the school to them

and enlisting their interest. There should also be a physician, an educator and two or three additional members appointed with the idea of contributing some special interest for the welfare of the school. The superintendent of the hospital and the superintendent of nurses should be included.

Meetings should be regular and some definite form of procedure should be followed, including the reading of the minutes and a written report presented regularly. It is also desirable to have reports given by representatives of sub-committees appointed for some special purpose, viz: budget, curriculum, nurses' residence, social life, etc.

Not of less importance is the intelligent study of the general conduct of the school. This committee should be familiar with the quality of administrative as well as teaching work performed and be keenly awake to the strong as well as the weak features of the school.

When all schools, large and small, have the support above suggested, we can then look for a more general forward step in nursing preparation and a more generally satisfactory graduate nurse.

#### THE ESTHONIAN NURSES' ASSOCIATION

The Esthonian Nurses' Association has about thirty-five members and has two main goals toward which it is working. These are as follows:

1. To establish a training school for nurses in Esthonia under the direction of the Association. There is at present no school to train nurses in Esthonia. The Red Cross started one in connection with the city hospital in Reval but, owing to lack of coöperation, was forced to discontinue last year. The Red Cross, having no hospital of its own, is willing to assist the nurses' association in making the best possible arrangements. It is hoped that a school can be started in Tartu in connection with the University hospitals where every facility exists for a good school and where one is very much needed.

2. The association of nurses realizes that the great demand for public health nurses, particularly in child welfare work, must be met by well trained women if this important part of their new country's effort toward health is to be successfully carried on. The association has therefore made definite and quite excellent plans for a six months' course which will soon be started and will probably have the joint support of State, University and Red Cross. Very good theoretical instruction can be secured and a fairly satisfactory field for practical work and demonstration can be found.—K. M. OLMSTEAD, *Nursing Supplement*, League of Red Cross Societies.

## STUDENT NURSES' PAGE

### OBSERVATIONS IN THE PATHOLOGICAL DEPARTMENT<sup>1</sup>

BY SARAH M. DAVIES

*School of Nursing, Methodist Episcopal Hospital, Brooklyn, N. Y.*

FROM the standpoint of the pupil nurse, the object that looms up the largest upon arrival in the Pathological Department is the routine urinalyses. I mean the tests for color, density, specific gravity, sugar and albumin. These six simple tests, together with the listing of each examination, in a book kept for such records, and the charting on the various wards, of the findings of the tests including the microscopical and special tests done by the graduate nurse. \* \* \* On busy days the pupil nurse in the Pathological Department is kept busy all morning with the routine work which is assigned to her; other days she has time for observation. Some of my observations I wish to relate.

The test for renal efficiency proved to be very interesting and taught me the necessity for accuracy in injecting just the right amount of Phenol-sulphone-phthalein and the necessity for promptness in collecting the specimens.

Frequently I have watched for the appearance of the characteristic bright coloring of an acetone test, which is one of the special tests on the urinalysis of a diabetic patient. I have noted the quantitative sugar test and I saw the bright coloring produced in the Benedict's quantitative sugar solution by the addition of one drop of urine from a diabetic specimen, showing that there

was a great deal of sugar present in that specimen, and I have observed the quantitative albumin test.

Under the microscope I have seen casts of various kinds as hyaline and cylindroids after specimens of urine have been centrifuged. And I have observed a blood count under the microscope, differentiating between the red and white blood cells and the polynuclear and mononuclear cells. The typhoid bacilli which I saw under the microscope were very interesting as was the clumping of the bacilli in a positive Widal test.

I saw how culture media were made and observed several growing cultures of staphylococcus and streptococcus. Under the microscope I also saw the tiny chain-like formation of streptococci, and the pairs of pneumococci.

I was interested in the pneumococci type testing. First a white mouse was injected with the pneumococci culture prepared from a patient who was suspected of having a certain type of pneumonia. The culture was injected into the mouse's peritoneal cavity. When the mouse was having chills from the reaction and appeared to be very sick from the results of the growing bacteria, he was given enough ether to kill him. Then an opening was made into the peritoneal cavity and the fluid tested.

Type III pneumonia is the hardest to treat and as a rule is fatal. But if the pneumococci found in the culture

<sup>1</sup> Part of a report on twenty hours spent in the Pathological Department.



indicates type I pneumonia, there is a serum which can be given to the patient which as a rule effects a cure.

I also saw the gastric contents of a Rehfuß test examined. On several occasions, I watched autopsies performed. In one, death had resulted from typhoid fever; it was interesting to see the Peyer's patches and to note just how the

intestines were affected. I learned considerable anatomy too from seeing the exact location of the various organs. Then, too, the surgeon performing the autopsy very carefully explained the normal and abnormal conditions present, and explained the functions of the various organs and the different kinds of tissue.

#### OUR CONTRIBUTORS

**Ruth A. Brown, R.N.**, is a graduate of the Presbyterian Hospital, Chicago. She has done private duty nursing and has held various executive positions in the Presbyterian Hospital. She was a member of the Army Nurse Corps during the war, serving with Base Hospital Unit No. 13 in France. She took special courses at Teachers College, Columbia University, in 1922, and has recently accepted the position of Superintendent of Nurses in the Roseland Community Hospital, Chicago.

**Merle Duncan, R.N.**, is a graduate of Blessing Hospital, Quincy, Ill., in 1919, and has since that time been doing private nursing.

**Esther C. O'Dowd, R.N.**, is a private duty nurse in St. Paul, Minn., a graduate of St. Joseph's Hospital.

**Ada F. Babcock, R.N.**, "one of the older nurses," is living in Everett, Washington, and is interested in organization work there.

**Emily T. Buzby**, a social service worker, tells us the story as it was told to her.

**Louise S. Heyen, R.N.**, is a Second Lieutenant in the Army Nurse Corps; she has been doing some interesting work in the Army Medical Center of which the Walter Reed General Hospital is a part.

**Mary R. Walsh, R.N.**, is Instructor in the Practice of Nursing, Stanford University, California.

**Kenneth T. Crummer, R.N.**, class of 1911, McLean Hospital Training School for Nurses, (Massachusetts General Hospital), Waverley, Mass., has had general hospital experience in the Massachusetts State Infirmary, Tewksbury, the Boston City Hospital, U. S. P. H. S. (Marine Hospital, Chelsea, Mass.), and Sailors' Snug Harbor Hospital, Staten Island, N. Y. He is now Instructor, School of Nursing for Men, Pennsylvania Hospital, Philadelphia.

**Caroline Hedger, M.D.** (See Our Contributors, October, 1922.)

**Grace E. Allison, R.N., B.S.**, a graduate of Lakeside Hospital, Cleveland, Ohio, and principal of that school of nursing for some years, is now one of the inspectors of schools of nursing for New York State. Miss Allison was at the head of the nursing staff of one of the Base Hospitals during the war; she has taken special work at Teachers College.

The three National organizations of nurses will hold their 1924 convention in Detroit, Michigan, June 16-21, 1924.

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### EMERGENCY CARE OF CROUP

**D**EAR EDITOR: I was very much interested in the article relative to improved method of applying hot surgical dressings, published in the October *Journal*. I have absorbed it and placed it on mental tags to be used when required. May I submit an idea which presented itself to me in an emergency? In a case of croup the physician ordered hot applications to the throat. There seemed to be nothing available for compresses. It occurred to me that the child's flannel belly bands might be used. I found the bands a convenient size to fit around the neck. I cover the hot band used as a compress with a dry one. In the course of my visits to homes (Public Health Nursing) in ascertaining a child's general physical condition if I am given a history of a tendency to croup, I advise the mother to keep the baby's discarded belly bands in a convenient place where she can readily get them when needed. I also give directions as to the care of a child while awaiting the physician's arrival. The improved method (as published) for application would be most convenient in a case of croup.

Delaware

C. E. T.

### BABIES IN CHINA

**D**EAR EDITOR: Recently I have been noticing the valuation placed on boy babies here in this part of Shansi. The Chinese are supposed to have far greater joy when a man child is born than when a little girl comes, though hospital babies seem to be equally prized. The soft pink outing flannel gowns seem to help much in making the little girls attractive. The congratulatory greeting to the father of a new son is still, TaHsi, Great Happiness, and one is sure to hear Hsiao Hsi murmured, Small Happiness, if the child is a daughter. We were discussing the price to be charged at clinic for vaccinating children against smallpox. A fixed rate of 300 cash was approved, less than ten cents U. S. One of the Chinese nurses spoke up and said that in their village the Chinese doctor vaccinated little girls for 300 cash but charged 500 cash

for boys. Another said that in her town, boys were 1000 cash and girls 500 cash for the vaccination. Our anesthetist was telling how the midwives get almost twice as large a fee when a boy baby is born with their assistance than when it is a girl. It is very common to see fairly large boys with a tiny braid bobbing over one ear so that evil spirits will think him a girl and not molest him. Yesterday I saw two young girls with a coin sewed to each of their left shoulders with two strips of red cloth making a cross under each. These were to protect them from spirits. A young mother with tuberculosis of the ankle whose case was not so far advanced but that the prognosis was hopeful had a little boy of nearly two years who had to enter the hospital with the mother as it was nursing p. r. n. as all Chinese babies do who are untutored. All the arts of persuasion were used to get them to wean the child and give the mother a chance to build up a bit. The father did come and take the child out for airings several hours one week but he said after two weeks, "Now the mother has had a little treatment and surely the little son is of more importance than the mother so we will take them home now and she can care for the child as best she may." Uneducated mothers in our city do not wash their babies till they are eight or nine months old I have been told. Every night Old Grandmother Sleep is supposed to come and visit tiny babies. If the child smiles in its sleep the old lady is pleased but if it frets and cries she does not like it. If the baby has a cold or is not well the mother will use a little breast milk to clean it up because Old Grandmother Sleep does not like water. As soon as the baby is able to talk, the visits of the old lady stop, she never comes again to see it. When the baby of one of our patients did not live she stayed on at the hospital till her family scouted about the countryside and found a nice, two-months' old boy that could be adopted. She is a woman of means and will give it good care and seems to be as fond of it as if it were her very own. I call the little

lad Moses. There is a Miriam in the home too, only her name is Precious Flower, she is a beautiful girl, goes to government school and is bright and attractive. The Chinese young and old, all love the babies.

China

G. E. K.

# AGAIN THE QUESTION OF A NATIONAL PIN

DEAR EDITOR: Through the *Journal* I would like to hear from different nurses in reference to registration badge. Will it be possible for us to have a national R.N. pin, or small pendant which could be worn on our hospital pins? Personally I do not care for much decoration, and yet if we really are an R.N. perhaps we would like some visible proof of it, when on duty. Then the ever perplexing question—uniform. Has anyone found the ideal one? If so, please let's hear of it. Do you consider it should be a question to be decided by each individual or by each training school? The Army, the Navy, and some hospitals have a prescribed uniform for their members—why not every hospital? Many a young woman, when she first enters training, knows "that uniform will not be becoming" to her. But how she loves it before she finishes and how proud she is to wear it. Perhaps a prescribed white one would meet as pleasing a fate if only prescribed. I may be old-fashioned but there are a lot of dresses worn on duty by graduate nurses which seem very inappropriate to me. I am sure we all agree that dresses worn on duty by nurses should not be worn on the street and vice versa. Then what can we do to show to the younger nurses their duty to ally themselves with at least some of the nursing organizations? Their help is needed now. They need the experience now for the future responsibilities will fall upon them when they are the "older nurses" and leaders and chaperones of the nursing cause. I would like also to ask how much money would be needed to give a nurse some special course at some institution, perhaps Columbia University, and how much time? "School Spirit is the interest taken and loyalty felt by students of the school in the welfare and advancement of the school in relation to its standing, efficiency and popularity." I wish there were more of it.

ONE INTERESTED

## DOES POSTGRADUATE WORK PAY?

DEAR EDITOR: What have you gained and why did you take the postgraduate course? Does it not reflect on your own training school? These questions have confronted me so often that I beg to answer. First, a little consideration from my own training school. When I entered there, I was a youth but I had what I called my Guide Post, given me by my dear old pastor who knew mine and me. "One turn to the right, and when you are sure you are right, keep straight on." Righteousness ever beamed before me then as it does now. I was not long in training until I realized what it cost to be a high grade nurse in character, habits and attainments. When leaving my first training I was encouraged to broaden my life. I also took with me a fixed determination that I would make no statement but the exact truth, that every promise be redeemed to the letter, every duty performed with strictest faithfulness, and I also had that blessed thing, almost unlimited confidence in mankind. For one year I had no thought except to rejoice that my training-school days were over, but a premature infant, just two and one-half pounds of humanity, decided my fate without any warning. I asked no one but myself. First be sure you are right, then go ahead. So came my postgraduate work in obstetrics and premature infants. Later, the opportunity of coming to New York was mine. Again I considered the matter and came to the great city when I practiced obstetrics for three years. I met Miss Grace Allison, then Supervisor of Nurses at the Polyclinic Hospital. My fate was again decided; I would take another postgraduate course. It was very amusing to me to hear the comments. My mind was made up and ahead I went. I do approve of good postgraduate teaching, if you are looking for something greater than occupation, more enduring than fame. It is not the amount of work but the kind. There is a very large field in which to cultivate your mind, educate and enlighten, build up a strong endeavor to give the very best to the nursing profession. We should develop our faculties as well as the money-getting instinct. We select from life what we choose; we resemble insects which

assume the color of the leaves and plants they feed upon, for sooner or later, we become like the food of our minds,—like the creatures that live in our hearts. Every act of our lives, every word, every association, is written with an iron pen upon the very texture of our being. If any reader wishes to take a post graduate course, *select* a good school and go straight on.

New York

A. T. C.

#### A HOSPITAL IN SYRIA

**D**EAR EDITOR: In an out of the way corner of the world, on the extreme eastern shores of the Mediterranean Sea, occasionally visited by the American tourist, is the picturesque city of Beirut with the beautiful biblical snow-capped mountains of the Lebanon for a background. It is the metropolis of Syria, the country which forms a part of the Near East, "the riddle of the ages." In this city in 1863, the Rev. Daniel Bliss established the Syrian Protestant College. In 1865, the Medical Department graduated its first medical student. In that year the Hospital of the Sisters of the Kaiserswerth Order was affiliated with the Medical School for teaching purposes. The Syrian Protestant Hospitals were founded in 1905, with Mrs. Mary Bliss Dale as Superintendent. "After eighteen years of faithful and efficient service, years filled with so much strain, sorrow, trial and triumph, consolation and joy and crowded with the hardest kind of work, she was relieved January 1, 1923, by Mrs. Ella Graham."<sup>1</sup> Money is being raised in America this year to erect a nurses' home that will bear her name. The hospitals are three in number,—Woman's Pavilion, Children's Pavilion, and the Eye Pavilion which houses two services, Eye and Ear, and Internal Medicine. The Administration Building, soon to be displaced by a new one, completes the list, not taking into account the morgue and a number of smaller buildings (laundry, contagious shack, etc.). One hundred and sixty-five beds are in operation. Seventy-five more will be added this fall, one of which will be for the Skin and Isolation Hospital of Dr. Adams. The balance of the beds are to be divided between general sur-

gery and internal medicine. The buildings are fireproof, the walls being built of stone, with marble floors and tile roofs. The wards are large and airy, ceilings high, the private rooms commodious, the corridors spacious. All pavilions are screened against the myriad disease-bearing insects which abound the year round, worse from May to October when it does not rain. There are excellent sun porches on the children's pavilion which give easy means of applying heliotherapy. The grounds are beautiful with their cactus hedges, palm and fig trees, and all varieties of flowers, green the year round. In connection with the hospitals is the Out-patient Department which cares for one hundred sick poor, on an average, six mornings a week. The work has been especially heavy this year because of the Armenian refugees from the north. The function of the hospitals is two-fold; to care for the sick (poor and rich) and to instruct nurses and medical students. Christian, Moslem, Druze and Jew receive care without discrimination. The nursing staff is made up of seven American registered nurses, and the training school of forty Syrian, Armenian, Greek and Jewish pupil nurses. Some of the languages spoken in the institution are English, Arabic, French, Turkish, Armenian, Greek, Jewish, German, Italian, and many are dialects of the same. The teaching is in English. No department in the entire University is so inadequately provided for as the School of Nursing, and yet every one admits the crying need for well trained nurses in the Near East. In spite of the obstacles there has been a healthy growth. While there are only forty nurses now, there is every prospect of increasing the number to seventy in the next few years.

California

J. W. S.

#### JOURNALS WANTED

Miss E. Dahlgren, Lutheran Hospital, Moline, Ill. wishes a copy of the *Journal* for December, 1909.

#### JOURNALS ON HAND

Emma E. Wilde, 1209 West Holly St., Bellingham, Wash., has copies of the *Journal* for 1921 and 1922, which she will sell.

B. E. Cope, 1532 Gratz Street, Philadelphia, wishes to dispose of copies of the *Journal* for 1917, January through October, and 1922 complete for 5 cents each and postage.

<sup>1</sup> From an article by Dr. W. B. Adams in *Al-Kulliyah*.

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## QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

11. What should be used to cleanse an infant's nose and ears?

If the nose and ear require cleansing, every precaution should be taken to avoid trauma. The Maternity Center Association of New York finds liquid Albolene an excellent cleansing agent for the following reasons: It is neutral, it will soften crusts, it is cheap, and it will not become rancid.

12. Is there a magazine adapted to the home, dealing with diet, hygiene, and sanitation?

*Hygeia*, published by the American Medical Association, 535 N. Dearborn Street, Chicago, is popular, practical and, of course, authoritative.

13. Is it a proper thing for a member of the family to take temperature, pulse and respiration when a competent private nurse is present?

Since a member of the patient's family can hardly do him harm, under ordinary circumstances, by taking his temperature, pulse and respiration, even in the nurse's presence, and since no great principle is involved and no injury to be done, excepting possibly to the pride of the nurse, it would seem altogether right for the nurse to permit it and not to be unduly impressed by the incident. There are, however, some provisos and they are these: That the members of the family shall do it correctly; that it shall not be reported to the patient nor to any other person who might wrongfully construe its meaning or significance; that the nurse shall in no sense be considered negligent or shirking her duty by allowing it. In short, let it be done if it does not in any way jeopardize the patient's welfare or the nurse's usefulness to the patient.

14. When should a nurse take orders from a patient?

Ordinarily it would not be right for a nurse to take orders from a patient, but one can conceive conditions that might make it right.

It may be that the doctor in charge of the patient had no one with whom to leave orders but her, and he trusted her to safely transmit them to the nurse. Again the patient may be a chronic, and from a long knowledge of her case and routine treatments, she is best able to give orders to the nurse and teach her in regard to the nursing care. The nurse may safely make a rule to be applied in such circumstances, to the effect that she will do or permit that which promotes the welfare of her patient and hastens her recovery; providing always, that it does not *clash* but coöperates with the wishes of the physician who has charge of the patient and is responsible for her. Few nurses wish to be autocrats but rather would they be coöperative ministers with a dignity becoming their profession and with no thought of self. A nurse forgets the significance of her high calling when she tries to protect her dignity by the erection of cast iron rules that protect nothing, not even the position in its weakness, but that may imperil the value of her kindly services to the sick.

15. Should a nurse stay alone with a male patient?

The propriety of a nurse staying alone with a male patient is dependent upon several conditions: It would seem to be proper if the nurse, a woman, has arrived at the age of discretion and if the case is a true emergency, or if the patient is very ill and helpless and needs constant attention, or if he is unconscious, or if there is no other woman to be present also. In an hotel or for the nurse's own peace of mind, it would be well to enlist the services of an elderly woman of acknowledged character and reputation, ostensibly to assist in the care of the patient, but really to add the weight of her influence to counterbalance the apparent impropriety when the nurse is required to stay alone with a male patient. It would almost never be necessary for a nurse to stay alone with a male patient in a hospital.



## NURSING NEWS AND ANNOUNCEMENTS

### CONVENTION ARRANGEMENTS

The National Nursing Convention will be held in Detroit, Michigan, June 16-21, 1924. This is the biennial meeting of the American Nurses' Association, the National Organization for Public Health Nursing, and the annual meeting of the National League of Nursing Education.

*Arrangements.*—Woodward Avenue Baptist Church has been selected for Headquarters, with information booth and rooms for registration and exhibits. This commodious church with its large Memorial Hall, with the fine big Church House of the Central Methodist Church near by, will provide three auditoriums with excellent acoustic properties, two large rooms for press purposes, and ample space for as many conference rooms and round tables as may be desired. Joint meetings will be held in the auditorium of Cass Technical High School a few blocks distant.

*Hotels.*—The arrangements committee requests that all reservations be addressed to Mr. E. B. Cookson, 821 Ford Building, Detroit, Michigan. Requests should be made on the form printed below, or letter should contain the following information: name, address, hotel preferred, single or double room, date and approximate hour of arrival, names of persons for whom reservations are made. All reservations should be made immediately or at the earliest date possible. Do not send money with request. A list of hotels is given below. To meet the needs of nurses travelling in parties, the hotels have provided rooms large

enough to accommodate two or three persons. The expense of the trip may be considerably lessened in this way.

Nurses who are planning to motor to Detroit should also communicate with Mr. E. B. Cookson for full information regarding routes and points of interest.

### HOTELS AND RATES

**Hotel Statler**—Washington Blvd. and Park Blvd.

Single rooms with bath—\$3.00, \$3.50, \$5.00

Double rooms with bath—\$5.00, \$7.00 and up

**Hotel Tuller**—Park Blvd. and Adams Ave.

Single room with bath—\$3.00 and up

Double room with bath—\$5.00 and up

Large room, double bed, two single wall beds—\$2.50 per day per person.

**Hotel Wolverine**—Witherall and Elizabeth Sts.

Single rooms with bath—\$3.00 to \$6.00

Double rooms with bath—\$5.00 to \$8.00

**Hotel Fort Shelby**—525 Lafayette Blvd.

Single rooms with bath—\$3.00 to \$5.00

Double rooms with bath—\$4.50 to \$7.00

**Hotel Dixieland**—John R. St. and Farmer St.

Single rooms with running water—\$2.00

Single rooms with bath—\$3.00

Double rooms with running water—\$2.50

Double rooms with bath—\$4.00

Suite of 2 rooms with bath, 4 people, 2 double beds, \$5.00 for suite

**Hotel Madison and Lennox**—Madison St. and John R. St.

Double room with bath—\$3.50 and \$4.00

NAME

ADDRESS

HOTEL PREFERRED

ROOM SINGLE

DOUBLE

DATE OF ARRIVAL

APPROXIMATE HOUR OF ARRIVAL

NAMES OF PERSONS FOR WHOM RESERVATIONS ARE MADE



DETROIT—THE DYNAMIC

1—Statler Hotel; 2—Tuller Hotel; 3—Central Methodist Church; 4—Woodward Ave. Baptist Church; 5—Woodward Ave. Baptist Church House; 6—Hotel Wolverine; 7—Woman's Exchange.

Living room, bedroom, bath, for three persons—\$7.50

Living room, bedroom, bath, for two persons—\$6.00

Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.

Single rooms with bath—\$2.50 to \$4.00

Double rooms with bath—\$5.00, \$6.00 and \$7.00

#### FAMILY HOTELS AND APARTMENTS

Grace-Harper, 201 E. Alexanderine Ave.

Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—\$3.50 day

Same as above with bedroom, to accommodate 4—\$5.00

Harding—129 Charlotte Ave.

Living room with murphy bed, dressing room, pullman diner, to accommodate two—\$4.00 day

Same as above with bedroom, to accommodate four—\$6.00 day

Willis Arms—675 Willis Ave. West.

Rooms—\$1.50, \$2.00 and \$2.50 day

Apartment, living room, bedroom, kitchen, to accommodate two or three people—\$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath, to accommodate three or four people—\$18-\$25 week

Parmento—Warren Ave. and John R. St.

Can accommodate probably 75 or 80 people

1 room and bath, to accommodate two—\$5.00

2 rooms and bath, to accommodate four—\$7.00 and \$8.00

Since the last report on plans for the biennial convention was given, some changes have been made in the hours of meetings; namely, morning sessions will be from 9 to 11 a. m., and individual organization sessions (for purpose of discussion of papers presented at joint session) from 11:15 to 12:45 p. m. Afternoon sessions from 2:30 to 4:30 p. m. Round tables, 4:30 to 6 p. m. Evening sessions from 8 to 10 p. m.

#### THE PRIVATE DUTY NURSES' SECTION

There are a number of facts that will and should interest every private nurse. The Private Duty Nurses' Section is the first and oldest organized section of the A.N.A. Every nurse who is doing and has done private duty is a member of the section. Appointed committees are in charge of the Revision of the By-laws, of the Program, and of the Nominations. Sarah E. Sly is the official parliamentarian and chairman of the Revision Committee; Harriet Gregory, 73 Elmwood Avenue, Waterbury, Conn., is chairman of the Program Committee; Clara E. Brooke, St. Joseph's Hospital, Ft. Wayne, Ind., of the Nominating Committee. In order to get in touch with the rest of the committee, each state should suggest a name for each office by the first of April. The present officers are: Chairman, Frances M. Ott; vice-chairman, Elizabeth E. Golding; secretary, Minnie Hollingsworth. At the meetings at Detroit,

the attendance will probably surpass everything in its history. Each state will be called upon for a report as to the number of organized State sections, members present, and so on.

FRANCES M. OTT, *Chairman*.

All state associations having Private Duty Sections are asked to communicate that fact to the Secretary of the national Private Duty Section, Minnie Hollingsworth, 37 Franklin Street, Boston, 16, Mass.

A meeting of the Board of Directors of the American Nurses' Association was held in New York, N. Y., January 15-19, 1924. During the same week, the National League of Nursing Education, the National Organization for Public Health Nursing and the *American Journal of Nursing* Boards of Directors held executive sessions. The Boards of Directors of the three national nursing organizations held a joint meeting, when final arrangements for the biennial convention to be held in Detroit in June, were discussed. The Chairman of the Arrangements Committee, Emily A. McLaughlin, met with the several Boards of Directors separately and jointly, giving a report in each instance of the plans for taking care of the delegates and guests during the convention. Reports were given by the Treasurer, by the Chairmen of the Relief Fund, the Finance Committee, the Headquarters Committee, the Publicity Committee, by the Secretary, and by the Arrangements Committee.

Lucy Minnigerode, chairman of the special committee on Federal Legislation gave a comprehensive report of what had been accomplished in our effort to convince the Personnel Classification Board that nurses should be placed in the professional class. A resolution was adopted that the American Nurses' Association make application for membership on the Women's Joint Congressional Committee, which is composed of representatives from all the women's organizations of a national and professional character, who are interested in legislation for women and children.

Several recommendations were presented for consideration; namely, amendments to the by-laws, which will be attached to the call for the biennial meeting; also an outline demonstrating how the present plan of membership

of the American Nurses' Association operates, to be sent to the State Associations.

It was decided that the report of the proceedings of the 1924 convention be printed in full, and be sent out as a supplement to the convention number of the *American Journal of Nursing*.

A committee was appointed, upon the recommendation of the Chairman of the Jane A. Delano Memorial Committee, to visit the studio of Mrs. H. Payne Whitney to see the model of a memorial which might be used in erecting a suitable memorial to Miss Delano. If this model is accepted, it is hoped that photographs may be made to distribute at the meeting in June.

At the joint meeting of the Boards of Directors of the three national nursing organizations, it was decided that an exhibit similar to the one at the 1922 meeting, should be conducted. A resolution of thanks and appreciation was adopted to be sent to the Danish Nurses' Council and its President, Mrs. Tscherning and to the authorities and nursing faculty of the Bispebjerg Hospital for the many courtesies and hospitality extended to Miss Noyes, our representative to the executive meeting of the International Council of Nurses held in Copenhagen in 1923.

The Committee on International Affairs, which has been a committee of the National League of Nursing Education, was transferred to the American Nurses' Association by mutual consent, with representation from the three national nursing organizations, Clara D. Noyes, chairman.

The committee on Ethical Standards presented recommendations under consideration and S. Lillian Clayton, chairman, stated that these would be presented in a more definite form at the biennial meeting in June.

Elnora Thomson presented a report from the representatives of the three nursing organizations attending the International Conference on Education held in Santa Barbara in 1923, which contained the following recommendations:

"Whereas the discussion at the Conference convinced the delegates that the joint membership of our organizations should be better informed about the work in other countries in order to understand their problems and to

have them understand ours, and thus, have help and inspiration from each other, and

"Whereas the emphasis constantly directed to the work of the nurse during the Conference impressed your representatives with the importance and responsibility of our organization in directing the graduate and undergraduate work of nurses and their work in the general field, therefore,

"Be it resolved that the international departments in our two journals shall be more active, that through these departments we may be kept in closer touch with other countries, and

"Be it further resolved that there shall be increased vigilance of methods of preparing nurses in Schools of Nursing, and inasmuch as child psychology and pedagogy with their practical applications are a necessary part of the nurse's education, and inasmuch as its practical application can be made in our children's wards, we believe that the nurses in training should have their instruction in these branches while in the hospital.

"It is further recommended that the standards for nurses entering the public health field shall be comparable with all other health workers; namely, a thorough preliminary education with emphasis on the basic sciences. (In all the sessions, the same objectives were held by all workers, whether physicians, teachers or nurses, and it was agreed that satisfactory work could only be accomplished if we were closely allied to each other.)"

Miss Christiane Reimann, secretary of the International Council of Nurses was a guest of the members of the Board of Directors, and before the members left New York a "get together" dinner was held with Miss Reimann, Mlle. Mignot and Miss Maxwell as guests.

AGNES G. DEANS, *Secretary*.

Contributions received up to date for the relief of German Nurses, \$114.35, which has all been forwarded to Sister Agnes Karll.

#### MEETING OF JOURNAL STOCK-HOLDERS

At the annual meeting of stockholders of the *American Journal of Nursing*, (represented by the directors of the American Nurses' Association) on January 17, in New York, ten nominations were made for members of the

*Journal Board* for the coming year. Election by ballot resulted in the choice of the following: S. Lillian Clayton, Pennsylvania; Bena M. Henderson, Illinois; Elsie M. Lawler, Maryland; Georgia M. Nevins, Massachusetts; Mary M. Riddle, Massachusetts; Sarah E. Sly, Michigan; Lillian L. White, California. The new *Journal Board* elected as its officers: President, S. Lillian Clayton; secretary, Elsie M. Lawler; treasurer, Mary M. Riddle.

#### REPORT OF THE TREASURER OF THE AMERICAN NURSES' ASSOCIATION

For the Year Ending December 31, 1923

Balance per books and and bank statements, Jan. 1, 1923—	
New Netherlands Bank, York .....	\$ 1,543.93
Lorain St. Savings & Trust Co., Cleveland, Ohio .....	262.80
	<hr/> \$ 1,806.73

#### Receipts

Dues from States Associations .....	\$23,837.00
Dues from Alumnae Associations (2) .....	155.00
Dues from permanent member .....	2.00
Interest on Bank balance .....	290.01
Sales—Accredited Lists of Schools .....	330.27
Contributions to Headquarters Fund .....	130.00
Redemption of Victory Bond .....	1,000.00
Interest on Bond .....	23.75
	<hr/> 25,768.03
Total Receipts .....	\$27,574.76

#### Disbursements

Expenses of members of Board of Directors in attending meetings of the Board .....	\$ 1,178.15
Expenses, chairman and members of committees in attending meetings .....	429.65
Rent for place of meeting of Board .....	30.50

Expenses of delegates to International Council of Nurses' executive meeting .....	618.92
Expenses of delegates to other national association meetings .....	39.60
Dues for membership in other national associations .....	144.50
Clerical and stenographic expense .....	33.31
Printing and stationery .....	147.50
Postage .....	55.00
Telegrams .....	21.12
Express and freight .....	25.42
Auditing books .....	75.00
Surety bonds .....	50.00
Rental for safety deposit box .....	5.00
Transferred to operating budget for Headquarters .....	9,000.00
Reinvestment of legacy funds .....	993.43
Transfer of interest on bonds to Relief Fund .....	23.75
Exchange on checks .....	3.40
	<hr/> 12,874.25

Balance, December 31, 1923, New  
Netherland Bank, New York..... \$14,700.51

V. LOTA LORIMER, *Treasurer.*

#### NURSES' RELIEF FUND

##### REPORT FOR JANUARY, 1924

###### *Receipts*

Balance on hand, Jan. 1 .....	\$14,191.59
Interest on bonds .....	60.00
Alabama: State Nurses' Assn., \$21.10; District 2, 43 members, \$43 .....	64.10
Arkansas: State Nurses' Assn. ....	100.00
California: Dist. 5, \$5; Dist. 8, \$11; Dist. 9, \$264.11; Dist. 10, \$11; Dist. 16, \$6; Dist. 17, \$3 .....	300.11
Colorado: Three individual members .....	3.00
Connecticut: One individual, New Haven .....	5.00
District Columbia: Sibley Memorial Hospital Alumnae .....	45.00

Florida: One member .....	1.00
Illinois: Anonymous .....	10.00
Indiana: 25 members, South Bend .....	25.00
Iowa: Graham Hospital Alumnae, Keokuk .....	30.00
Kentucky: Jefferson County Graduate Nurses' Club, Louisville .....	10.00
Maryland: General Hospital Alumnae, Baltimore .....	75.00
Minnesota: Dist. 2, one member, \$1.50; Dist. 3, Fairview Alum., \$20; Dist. 4, St. Paul's Alum., \$10.75; Mound Park Alum., \$6.25, four members Asbury Hospital Alum., \$15; individual members, \$9.25 .....	62.75
Nebraska: Dist. 2, \$40; one member, \$5 .....	45.00
New Hampshire: New Hampshire Memorial Hospital Alum., \$5; Nashua Memorial Hospital Alum., \$5; individuals, \$11 .....	21.00
New Jersey: Dist. 1, one member, \$5; Dist. 5, 33 members, \$42; two individuals, \$3 .....	50.00
New York: Dist. 1, individual members, \$375; pledge for 1923, individuals and interest, \$223.31; Children's Hospital Alum., \$25; Woman's Hospital Alum., \$25; Dist. 2, Rochester General Student Government Assn., \$50; Highland Hospital students, \$20; Highland Hospital Alum., \$10; St. Mary's Alum., \$10; Clifton Springs Alum., \$5; one individual, \$1; Dist. 3, individual members, \$25; Dist. 4, Syracuse Memorial Alum., \$52; St. Joseph's School for Nurses, \$35; Cortland County Alum., \$20; Dist. 8, individuals, \$50; Dist. 9, St. Peter's Hospital student body, \$10; N.S.N.C.N., Albany, \$5; Glens Falls Hospital Alum., \$25; Cohoes Hospital Alum., \$10; Dist. 13, \$100; eight individuals, \$26.50; St. Luke's Alum., \$25; St. Mark's Alum., \$25; Bulkley Training School Alum., \$50; Dist. 14, Wyckoff Heights Alum., \$10; St. Mary's Alum., \$15; St. Catherine's Alum., \$15 .....	1,242.81

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1.00	Ohio: Dist. 5, \$17; Dist. 6, \$25;	
10.00	Dist. 9, \$25; Dist. 11, \$7.80;	
25.00	anonymous, \$10 -----	84.80
	Oklahoma: State Nurses' Assn., \$9;	
30.00	St. Anthony's Hospital Alum., \$25	34.00
	Tennessee: Nashville Dist. Assn.---	89.46
10.00	Texas: Dist. 1, \$19; Dist. 11, \$24;	
	St. Paul's Alum., Dallas, \$22-----	65.00
75.00	Utah: State Nurses' Assn.-----	25.00
		<hr/> \$16,639.62

#### Disbursements

Paid to 42 applicants----	\$620.00	
Texas: St. Paul's Alumnae		
(insufficient funds)-----	32.00	
Farmers' Loan & Trust		
Company, Protest fee on		
Texas check -----	2.08	654.08
		<hr/>
Balance, January 31, 1924-----	\$15,985.54	
Invested Funds -----	71,951.50	
		<hr/> \$87,937.04

#### REPORT ON RECLASSIFICATION

Since the last report, the Chairman of the Committee on Federal Legislation of the American Nurses' Association appeared before the Board of Directors of the Association with certain recommendations in regard to the reclassification of nurses. So far, apparently, none of the advice which has been brought to bear upon the Board has had any effect and so far as is known, the situation in regard to the classification of nurses in Government Service remains the same. A rather disquieting factor in the whole reclassification question is the proposal of the Secretary of Labor to draft a new Immigration Bill embodying certain much needed legislation in regard to immigration. The nurses throughout the country will remember the struggle to secure a place for nurses among the professional persons who would not be excluded, in the Immigration Bill of 1917. While the Bill of the Secretary of Labor retains the clause, this Bill, so like the Reclassification Bill when it was returned to the Senate from the Appropriations Committee, has failed to list the professions which would be recognized as not to be excluded in any law from entering this

country; therefore, if nurses are placed under the Reclassification in the non-professional or sub-professional grade and are not mentioned specifically in the Immigration Law, we not only lose the status of nurse in Government Service, but we also lose the recognition under the Immigration Law for which we struggled so long. Nurses have been active in regard to letters from their Congressmen and a number of these letters have been returned to the Central Office. The Chairman of the Committee would appreciate it if nurses throughout the country would forward to her either the original letters received from Congressmen in regard to this matter or copies of these letters.

LUCY MINNIGERODE, *Chairman.*

#### THE LIST OF ACCREDITED SCHOOLS

The 1924 edition of the List of Schools of Nursing Accredited by the State Boards of Nurse Examiners is being compiled, questionnaires having been sent to all State Associations and to all Boards of Nurse Examiners some time ago. Less than 1000 of the 1700 sent out have been returned. Thirty State Board secretaries have failed to return their lists of accredited schools. *Is your school to be included in the pamphlet for 1924?* Ask your State Association secretary and your State Board secretary. Questionnaires should be returned to the chairman of the Publications Committee of the American Nurses' Association, Mary C. Wheeler, 509 South Honore Street, Chicago, Ill.

#### THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

The Isabel Hampton Robb Memorial Fund Committee held its annual meeting in New York, January 16. It was decided to offer two scholarships, of \$250 each, this year for preparation for executive or teaching work in schools of nursing. It was also decided to make an appeal for further contributions to the Isabel Hampton Robb Memorial Fund and to the McIsaac Fund, as both are unable to meet the requests received. The members of the Executive Committee chosen for the coming year are: Elsie M. Lawler, Anna C. Maxwell, Clara D. Noyes, Mary M. Riddle, Katharine DeWitt.

TO THE NURSING ORGANIZATIONS OF  
THE COUNTRY

The Isabel Hampton Robb Memorial Fund was founded in 1910, after Mrs. Robb's tragic death, in recognition of her great services to our profession. The McIsaac Loan Fund was founded in 1917, after the death of Isabel McIsaac, with the same thought.

Both are living memorials, honoring the women who did so much for us, and helping nurses of the present day to prepare themselves for greater service to their profession.

Both funds have been raised by nurses and nursing organizations, except that the Robb Fund received in 1916 a gift of \$5000 from a friend outside our profession, Mrs. William Church Osborn of New York. Both funds are being used to the fullest extent.

The Isabel Hampton Robb Fund at the present time amounts to \$28,000. It is well invested and the income, only, is used for scholarships. At first, several scholarships of \$200 each were given annually, but the expense of tuition and of living have so increased that the amount granted has been increased to \$250, with a decrease in the number given. Last year only three scholarships were awarded, and this year but two are offered. Every year many applicants are turned away disappointed.

The McIsaac Fund is in a constant state of change, being loaned, returned, and loaned again. It is a small fund, amounting to about \$1200 in all. The loans made from it are for educational purposes, only.

Sixty-four scholarships have been granted from the Robb Fund; 9 loans have been made from the McIsaac Fund.

*No Recent Appeals.*—For the past few years, no appeals have been made for these funds, as it was felt that the Nurses' Relief Fund and the Delano Fund should be given the right of way. It is believed that now attention should once more be called to these funds in order that they may be prepared to meet more nearly the demands made upon them.

*What Is Suggested.*—So many appeals are being made to individual nurses that this method will not be followed (although individual pledges and gifts would be welcome). Instead, associations of nurses are asked to become sustaining members of the Robb Fund

and to make an annual contribution to the McIsaac Fund.

If each State, District and Alumnae Association would contribute a definite amount annually, the funds would be steadily increased, yet there would be no great drain upon the resources of the associations.

Pledges should be sent to the Secretary of the Isabel Hampton Robb Memorial Fund which has the care of the McIsaac Loan Fund also. Contributions should be sent to the Treasurer. Mary M. Riddle, Treasurer, 36 Fairfield Street, Boston, Mass.; Katharine DeWitt, Secretary, Room 613, 19 West Main Street, Rochester, N. Y.

## ARMY NURSE CORPS

During the month of January, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Mary F. Galli; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieutenants Inez H. Hulse, Elizabeth Moellman, Alice M. Sharpe; to Station Hospital, Jefferson Barracks, Mo., 2nd Lieut. Mary T. Manzer; to Letterman General Hospital, Presidio of San Francisco, Cal., 2nd Lieutenants Frances Berger, Marie J. Farrell, Willie P. Harris, Barbara A. MacNabb; to Station Hospital, Fort Riley, Kans., 2nd Lieutenants Frances A. Merrill, Katie Murphy; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Virginia M. Woods; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Alice L. O'Brien; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Florence A. Blanchfield, Chief Nurse, 2nd Lieutenants Margaret McM. Bell, Margaret Docherty, Mary A. Herbert, Taletta Heraldson, Mabel G. May, Irene G. Traux; to Hawaiian Department, 2nd Lieutenants Florence I. Hilyer, Grace E. Keener, Anna F. O'Donnell, Kathryn S. Walter; to Philippine Department, 2nd Lieut. Ella V. Shorney; to Tientsin, China, 1st Lieut. Katherine C. Magrath, Chief Nurse, 2nd Lieut. Hulda Svenson.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieutenants Dora M. Askew, Mary C. Donovan, Anna Ednie, Katherine Kennelly, Anna C. Sellner, Emily D. Smith, Esther Thulin.

Cecelia A. Brennen, class of 1909, St. Joseph's Hospital, Philadelphia, and a member of the Army Nurse Corps since January 4, 1913, died at the Walter Reed General Hospital, Army Medical Center, Washington, D. C., January 20. Miss Brennen served in the capacity of chief nurse with Base Hospital No. 67 overseas, and remained there until May 22, 1919. She was then ordered to Camp Travis for duty and remained in Texas until August 13, 1920, when she was discharged from the Army Nurse Corps. Miss Brennen served for a short period at the Santo Tomas Hospital, Panama, but decided to return to the Army Nurse Corps, and was re-appointed on May 1, 1923. For her services rendered during the World War as a member of the Army Nurse Corps, she was awarded the Distinguished Service Medal of the War Department. The citation reads: "Cecelia Brennen, chief nurse, Army Nurse Corps. For exceptionally meritorious and distinguished service. As chief nurse of the Toul Hospital Center, France, during the World War, she contributed largely to the successful care of over ten thousand sick and wounded by her skillful, tactful, and able direction of the work of the nurses at this center. Residence at appointment: 2619 West Allegheny Avenue, Philadelphia, Pa." Miss Brennen was buried January 24, at her home, Branchdale, Pa., with military honors.

JULIA C. STIMSON,  
Major, Superintendent, Army  
Nurse Corps.

#### NAVY NURSE CORPS

*Transfers:* To Brooklyn, N. Y., Anna I. Cole, Chief Nurse, Rosemary Lawrence, Marian E. Martin; to Naval Supply Depot, Brooklyn, Lucia D. Jordan, Chief Nurse; to Cancasao, P. I., Marie Weaver; to Charleston, S. C., Jessie M. Schraffenberger; to Chelsea, Mass., Nellie J. Macleod; to League Island, Pa., Rose Clifton Wertz; to Guam, Irene Mary Lannon, Myrtle I. Carver; to Mare Island, Calif., Lena B. Coleman, Chief Nurse, Ada E. Welty; to Norfolk, Va., Ethel M. DeGarmo; to Pearl Harbor, T. H., Lillian R. Cornelius, Jane M. Gallagher, Susan E. Roller, Chief Nurse; to Pensacola, Fla., Annie Miller; to Philadelphia, Pa., Graduate School of Medicine, University of Pennsylvania, (course in

Anaesthesia), Grace A. Bidgood, Mary A. Moffett, Chief Nurse; to Puget Sound, Wash., Anne Gemkow, Lillian M. Adams, Lillian L. Reilly; to Quantico, Va., Elizabeth H. Cooke; to San Diego, Calif., Anna M. Fallamal.

*Honorable Discharge:* Irma A. Gwinner.

*Resignations:* Lulu L. Cronkhite, Mary C. McGinnis, Margaret V. Rowan, Phelonise A. Tardif.

#### U. S. PUBLIC HEALTH SERVICE NURSE CORPS

*Transfers:* Jimmie Gauntt, to Savannah, Ga.; Mary Toose, to Baltimore, Md.; Mary Connelly, to Ellis Island; Louise Kuhrtz and Lulu Guller, to Mobile, Ala.; Christena McIver, Elizabeth Burke, to Norfolk, Va.; Luella Soliday, to St. Louis, Mo.; Edna Carlson, to San Francisco, Calif.; Elna Rasmussen, to Fort Stanton, N. M.

*Reinstatements:* Mary Herring, Mary Lomax, Mildred E. Eldred, Alberta Therrien, Elizabeth Annan, Jennie McDonald, Ruth B. Chasey.

LUCY MINNIGERODE,  
Supt. of Nurses, U. S. P. H. S.

#### PUBLIC HEALTH SUMMER SCHOOLS

The United States Public Health Service announces that, in response to an extensive demand for summer school work in public health, it has arranged with the following universities to conduct public health summer schools: University of Iowa, Iowa City, June 9 to July 18; University of California, Berkeley, June 23 to August 2; University of Michigan, Ann Arbor, June 23 to August 2; Columbia University, New York, July 7 to August 15. Although primarily designed for physicians and sanitarians, there will be courses in Public Health Nursing. For information, one should address The Surgeon General, U. S. Public Health Service, 16 7th Street, S. W., Washington, D. C.

#### U. S. VETERANS' BUREAU NURSE CORPS

##### HOSPITAL SERVICE

*Transfers:* Mrs. Maude S. Yerkes, H.N., to American Lake, Wash.; Mabel Christian, H.N., to Legion, Texas; Margaret MacIver, Asst. C.N., to Bronx, New York.

*Reinstatements:* Lucy L. Wilkins, Thora

H. Grubbe, Cloe Carroll, Mrs. Jessie Guzman, Ellen S. Laney, Von Jean Sherrill, Martha E. Whitener, Jane G. Foster, Margaret E. Cleary, Ethel M. Young, Mrs. Mary V. Huddleston, Mrs. Sue E. Patton, Mrs. Maud E. Gibson, Hannah J. Flahive.

#### DISTRICT MEDICAL SERVICE

*Transfers:* Martha Lansden and Cora L. Coventry, to Oteen, N. C.; Hester Cain, to Philadelphia.

*Reinstatements:* Hayward Mott, Nora Melton.

It is expected that the new hospitals at Northampton, Mass., Chillicothe, Ohio, and Tupper Lake, N. Y., will be ready for the reception of patients at an early date.

The hospitals at Northampton, Mass., and Chillicothe, O., are for the care of mental cases, while the hospital at Tupper Lake is for the care of tuberculous patients. Nurses will be needed for all of these hospitals. At this time there are a number of vacancies in the Nursing Service for nurses specially trained in psychiatry for duty in our mental hospitals.

MARY A. HICKEY,  
*Superintendent of Nurses.*

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for vacancies in the Indian, Veterans Bureau and Public Health Services. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience. Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the Secretary of the Board of U. S. Civil Service Examiners at the post office or custom house in any city.

THE ANNUAL CONGRESS ON MEDICAL EDUCATION, Medical Licensure, Public Health and Hospitals will be held at the Congress Hotel, Chicago, March 3-5. All who are interested are invited to be present. The sessions of the American Conference on Hospital Service will be held on the last day.

#### CHINA

THE NURSES' ASSOCIATION OF CHINA held its national conference in Canton, January

31-February 6. A report has not yet been received.

#### CANADA

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES will hold its regular biennial meeting in Hamilton, Ontario, June 23-26.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC held its annual meeting, January 24, at the Royal Victoria Hospital. The principal speakers were Elizabeth Fox of Washington, D. C., Dr. J. A. Beaudouin of the University of Montreal, and Prof. C. A. Dawson of McGill University.

**California: Los Angeles.**—DISTRICT 5 held its regular meeting on February 5 at the Los Angeles General Hospital. Following a visit through the wards of the Hospital, including those in which the psychopathic and communicable disease patients are hospitalized, members were conducted to the Surgical Pavilion where Dr. J. F. Percy gave a very interesting lecture on the surgical treatment of cancer by cautery. Immediately following the lecture an operation was performed by this method. Dr. Wood, Acting Superintendent of the Hospital, made a short address of welcome. **Sacramento.**—HIGHLAND HOSPITAL, Alameda County, which has been under construction for the past two years and will not be ready for occupancy for another two years, when finished will rank among the great institutions of the United States; it will be a place for the treatment of all manner of diseases. It will be operated by the county, at the same time it will be a general hospital and will provide room for seven hundred beds. The grounds include over ten acres of land and the place should take care of all growth for fifty years.

**Colorado: Colorado Springs.**—THE NURSES' ALUMNAE ASSOCIATION OF GLOCKNER SANATORIUM held a meeting on January 9, at which the following officers were elected: President, Madlyn E. Franklin; vice-president, Catherine Cunningham; secretaries, Grace J. Forbes and Lucille Michaels; treasurer, Mrs. Florence Aulgur. The outgoing officers entertained the alumnae at the Elks Club. Sister Eustacia (class of 1919), has returned to the Sanatorium after having been at the Good Samaritan Hospital, Cincinnati, O., since 1921. **Denver:** The Commissioner of Health and

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Charity is making many improvements, especially at the Denver General Hospital, formerly known as the City and County Hospital. The old entrance has been closed and a new one cut in the corner facing both Cherokee Street and 6th Avenue. A new receiving room has been built and a driveway constructed in the rear of the building so that the patients are admitted away from the gaze of the curious public. A series of electric signals has been arranged by which the patients are admitted, so that no one is disturbed, either night or day, by the clanging of the ambulance gong. The lobby, surgical and emergency divisions are being remodeled, the X-ray room enlarged. Recovery rooms are being put in, and new wards for 48-hours surgical patients, created. A nose and throat room, a dentistry and a ward for injured firemen and policemen are being established; also a new maternity ward and nursery. The insane patients are being segregated. THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL held its regular meeting at the Denver General Hospital, January 8. All annual reports were read and approved. The following officers were elected for the coming year: President, Mamie Balding; vice-presidents, Susie Turner, Mrs. Clarice Hanson; secretary, Mrs. Fred Durrell; treasurer, Margaret Lindsey. A recess was called and luncheon served. It was decided to have two social meetings,—a picnic given in midsummer, and a Christmas meeting in December. All other meetings are to be held at the Denver General Hospital and are to be strictly educational. The Superintendent, George Collins, addressed the nurses at the February meeting on the subject of Coöperation.

**Connecticut:** THE ANNUAL CONVENTION OF THREE NURSING ORGANIZATIONS, the League of Nursing Education, Graduate Nurses' Association of Connecticut, and the Connecticut Organization for Public Health Nursing, was held in New Haven, January 23-24-25. A joint meeting was held on the evening of January 23rd. In the absence of the Mayor, Dr. John L. Rice, Health Officer of New Haven, gave the address of welcome. The speaker of the evening was Annie W. Goodrich, Dean of the Yale School of Nursing. The Graduate Nurses' Association held their meeting on

January 24. At the morning session, Minnie E. Hollingsworth, Secretary, Private Duty Section of the National association, gave an address on Private Duty Nursing. A Round Table was conducted by Agnes G. Deans, Private Duty Nurses' Problems. At the afternoon meeting, each of the Alumnae Associations responded to roll call, giving the number of their members, and the work accomplished during the year. Nineteen of twenty-one associations responded. The address of the afternoon was given by Agnes G. Deans, Secretary of the American Nurses' Association, the subject being The Relation of the State Associations to the National Association. Tea was served by the Alumnae Association of the Connecticut Training School. The Annual Banquet was held at the Lawn Club, in the evening of the 24th. The community singing was a much enjoyed feature. Officers elected for the Graduate Nurses' Association are: President, A. Elizabeth Bigelow, Meriden; vice-presidents, Abbie M. Gilbert, New Haven, and Robina Stewart, Hartford; secretary, Kathryn E. Sherman, 63 Imlay Street, Hartford; treasurer, Isabel D. Conn, Stamford; directors, Margaret K. Stack, Hartford, and Mathilda Schaack, Bridgeport. League officials are: President, Sarah E. Hyde, Middletown; vice-presidents, Marion H. Wells, Waterbury and Annie Cunliff, Stamford; secretary, Amelia M. Jones, Middletown; treasurer, Helen G. Lee, Hartford; councilors, Helen T. Nivison, Derby, and Helen C. Malcolm, New Haven. **New Haven.**—THE SCHOOL OF PUBLIC HEALTH NURSING held its seventh annual meeting and dinner at the Lawn Club, January 10. Two honorary members, Miss Hills, Superintendent of the Visiting Nurse Association, and Miss Gilbert, Supervisor of the Child Welfare work, were present and gave addresses. The guest of honor was Professor Amelia Grant, of Yale School of Nursing, who gave a very interesting talk on the School. Officers were elected for the coming year as follows: President, Mrs. Forest Conklin; vice-president, Dorothy Roessner; secretary, Emily Johnson; treasurer, Elizabeth Maiden; Councilor, Mary Coulan.

**District of Columbia:** THE GRADUATE NURSES' ASSOCIATION held its regular meeting on January 14 at the Club House. Following



the business meeting Major Julia Stimson gave a talk on some of her observations of the general educational developments in nursing. Mrs. Charlotte Heilman, who has recently returned from four years' service in Greece, gave a report on her work in that country. The Association gave a reception on the afternoon of January 13, in honor of Christiane Reimann, secretary of the International Council of Nurses who is studying at Teachers College, New York. THE LEAGUE OF NURSING EDUCATION held its January meeting at Sibley Hospital. Jessie La Salle, Director of Educational Research Work in the Public Schools of Washington, addressed the meeting on The Mental Grading of School Children. A lengthy and interesting discussion of this subject and its relation to the teaching of student nurses followed. The general business meeting was then taken up. It was decided to request the Board of Nurse Examiners to place an honor seal on certificates of applicants attaining an average of 90 per cent or more. A social hour followed. A series of lectures has been arranged for the Senior students of all the Schools of Nursing in Washington, on Professional Problems and Modern Social Conditions to be given on Monday evenings in the George Washington University Lecture Hall. Great credit is due Gertrude Bowling for the selection of speakers and subjects to be covered.

**Florida: Tampa.**—THE GORDON KELLER MEMORIAL HOSPITAL ALUMNAE was organized December 7, 1920. The officers are as follows: President, Mrs. C. M. Arrowsmith; vice-presidents, Vera Hargrave, Mrs. P. C. Flynt; secretary, Clara Howell; treasurer, Mrs. Marjorie Terry.

**Georgia:** THE GEORGIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examination for registration, April 9 and 10. Apply to Jane Van De Vrede, secretary, 688 Highland Avenue, Atlanta.

**Hawaii:** THE NURSES' ASSOCIATION, TERRITORY OF HAWAII, held its annual meeting at the Colonial Hotel, Honolulu, January 7, when the following officers were elected: President, Hortense Jackson; vice-presidents, Amelda Moffett, Mrs. Harold Ancill; secretary, Margaret R. Rasmussen, 1071 Beretania Street,

Honolulu; treasurer, Alice Yates; trustees, Margaret R. Rasmussen, Bess Young, Mary Keppel, Harriet Delamere, Anna Huber, Mary Morrill.

**Idaho:** THE IDAHO STATE ASSOCIATION will hold its annual meeting at the Women's Club Room, Boise, March 4, the business meeting to be followed by a banquet at the Owyhee Hotel, at which the chief speaker will be Marie T. Phelan of the Children's Bureau, Washington. The Senior class of each training school has been invited to the banquet.

**Illinois: Chicago.**—Last November, on Homecoming Day for the graduates of the Presbyterian Hospital, a portrait of M. Helena McMillan was presented to the Hospital by the President of the Alumnae Association, Mary Louise Morley. The gift marked the twentieth anniversary of the founding of the school by Miss McMillan. The addresses made showed the affection in which she is held by officers and graduates as well as the honor due her. MERCY HOSPITAL ALUMNAE ASSOCIATION has donated \$50 to the Nurses' Relief Fund and \$50 to the relief of nurses in Russia. Graduates of Mercy Hospital are reported as follows: Edna Grise and Marie Andrews are doing private duty nursing in Florida and Elvira Tolf in California. Oda Rogers has returned from Duluth to take up private nursing in Chicago. Anna Ticken has taken up insurance work. Neel Kenimel and Elizabeth Sullivan are doing industrial nursing; Florence Bradley, school nursing; Genevieve Hughes, infant welfare nursing and Winifred Connor is doing public health nursing in Joliet. THE FIRST DISTRICT ASSOCIATION is giving its members a series of lectures by Professor E. Blatz on Elementary Psychology. This will be followed by two others on Applied Psychology and Effective Public Speaking. **Moline.**—THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION held its annual business meeting at the Nurses' Home, December 6. The following officers were elected: President, Hattie Larson; vice-presidents, Mrs. Lucretia York, Vera Sundeen; secretary, Beda Clauson; treasurer, Evelyn Carlson.

**Indiana: Indianapolis.**—Lizzie Goeppinger has resigned her position at the Deaconess Hospital to become Instructor at the City Hospital. Miss Wedderfield has also left the

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Deaconess Hospital to become Night Supervisor at the City.

**Iowa: Cedar Rapids.**—MERCY HOSPITAL ALUMNAE elected the following officers at their December meeting: President, L. Ryan; vice-presidents, Sister M. Mercy, A. Anderson; treasurer, M. Kilduff; secretary, Sister M. Yvo. Through various functions given during the year the Association has raised \$1000. This is for their building fund to help furnish the new wing of the Hospital. **Council Bluffs.**

—DISTRICT 9 held its annual meeting on January 12 at St. Bernard's Auditorium. Excellent addresses were given by Dr. Hombach, Dr. M. A. Linley, and Mrs. John N. Galvin, President of the Visiting Nurse Association. The business meeting followed. JENNIE EDMUNDSON HOSPITAL elected officers on January 9, as follows: President, Kathleen Brunow; vice-presidents, Augusta Mueller, Marie Nelson; secretary, Ethel Martin; treasurer, Edith Culver. **Creston.**—THE ALUMNAE OF GREATER COMMUNITY HOSPITAL was entertained at dinner on New Year's evening by Mrs. Hayden and Madge McCann. **Davenport.**—THE SIXTH DISTRICT ASSOCIATION OF REGISTERED NURSES has elected the following officers: President, Edna Atkinson, Davenport; vice-presidents, Anna Watters, Clinton; Grace Van Ever, Davenport; secretary, Kathryn Kelly, Davenport; treasurer, Mary Fitzpatrick. The hospitals in the Sixth District have also elected officers as follows: MERCY HOSPITAL ALUMNAE, President, Mrs. Elizabeth Flynn; vice-presidents, Estella Mallette, Nellie Bagley; secretary, Elizabeth Grassman; treasurer, Mary Fitzpatrick. St. Luke's ALUMNAE, President, Fannie Smith; vice-presidents, Mary Seccomb, Charlotte Graham; secretary, Mrs. Webberton; treasurer, Vera Hinckley. JANE LOMB MEMORIAL HOSPITAL, Clinton, President, Mrs. Edward Arnold; vice-president, Mrs. Herbert Pehrs; secretary, Helen Thompson; treasurer, Louise Allee. Mrs. Judith Wolf (Miss Holmstron, class of 1908, St. Luke's Hospital, Davenport), is taking a postgraduate course at the University Hospital, Chicago. Grace Walker (class of 1923, St. Luke's Hospital), has accepted a position in Public Health Work in Davenport. **Iowa City.**—THE IOWA STATE UNIVERSITY ALUMNAE ASSOCIATION held its

annual meeting January 24 at the University Hospital. The following officers were elected: President, R. Zella Deeney; vice-president, Henrietta Stegeman; secretary, Marguerite Trent; treasurer, Helen Meeker. Chairmen of Committees are: Social, Elsie Gibson; Program, Florence Merrill; Nominating, Myrna Raymond.

**Louisiana: New Orleans.**—THE LOUISIANA NURSES' BOARD OF EXAMINERS has elected the following officers: President, Dr. John T. Crebbin, 1210 Maison Blanche; secretary-treasurer pro tem, Dr. George S. Brown, 27 Cusachs Building. Julia C. Tebo has been appointed a member of the Board to succeed Dr. J. S. Hebert, former secretary-treasurer, whose term of office has expired.

**Maine:** THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration, April 16 and 17, beginning at 9 a. m., at the State House, Augusta. **Portland.**—THE WESTERN DISTRICT ASSOCIATION held its annual meeting January 23, at the Columbia Hotel. There were ninety-two present at the banquet to which all nurses practicing in the District and all Senior nurses in hospitals in the District were invited. Following the banquet, a business meeting was held. An entertainment was provided for the visitors. The following officers were elected: President, Katherine Quinn; vice-presidents, Eleanor Griffin and Mary Campbell; treasurer, Bessie Doughty; secretary, Josephine McLaughlin.

**Maryland: Baltimore.**—THE MARYLAND STATE LEAGUE OF NURSING EDUCATION has elected the following officers: President, Hester Fredericks, Johns Hopkins Hospital; vice-president, Frances Branley; secretary, Edna S. Calvert, Woman's Hospital; treasurer, Miss Hammer, Woman's Hospital.

**Massachusetts:** THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its mid-winter meeting on February 16, at the Boston Public Library. The day's program opened at 10 a. m., with the Private Duty Nurses' Section, Minnie S. Hollingsworth presiding, who announced that the by-laws of the Section were now in print and ready for distribution. Dr. Arthur N. Broughton, Jamaica Plain,

presented an interesting paper on: Coöperation and Appreciation of the Physician, Patient, and Lay People in relation to the Private Duty Nurse of the Past, the Present, and the Future. Dr. Theodore J. Eastman, Boston, spoke on: The Qualification of the Private Duty Nurse; the Present Demand, and Her Value as a Co-worker. An appreciative audience listened to these addresses, and there was discussion of the points presented. At 11 a. m., the State League of Nursing Education presented a program, Sally Johnson, President, in the chair. Effie J. Taylor, Associate Professor, Yale School of Nursing, presented a paper on: What Constitutes a Course in Mental Nursing for the Affiliated Students from a General Hospital? Discussion followed. At 12 o'clock, the Public Health Nurses' Section convened, Helen Fowler presiding. After a roll call of counties, George K. Pratt, M.D., Director Massachusetts Society for Mental Hygiene, spoke on: The Worth of the Mental Hygiene Movement. Dr. Susan Coffin of the Massachusetts Department of Health spoke on: The Doctor's Part in the Massachusetts Maternal and Infant Hygiene Program. Madeline Wayne, of the Massachusetts Health Department, presented: The Nurse's Part. At 2:30 p. m., the meeting of the Massachusetts State Nurses' Association opened, with Carrie M. Hall, President, in the chair. On account of the illness of Mary Alice McMahon, Miss Catton acted as secretary. The Students' Orchestra of the Boston City Hospital Training School provided music throughout the session. Three-minute reports from County Branch secretaries were read and received with much interest. Mary K. Nelson, Director, reported the New England Division of the Red Cross activities. The present total enrollment for Massachusetts is 2296. There are 2012 under general enrollment and 284 under home defense. The Massachusetts nurses serving outside the state in special public health fields are: one nurse who has the Delano service for the Maine Coast Islands; one who is Director of public health nursing in the Philippine Islands; and two who are serving with the Near East Commission in Europe. Sally Johnson, chairman Legislative Committee, gave the report of the fall campaign for legislation. A hearing

was held before the Public Health Committee at the State House, January 15. The Bill was interpreted by the chairman. On January 24 the Committee was notified that the Public Health Committee had given the Massachusetts State Nurses' Association leave to withdraw the Bill, and to refer it to the next general court. Miss Johnson stated that the campaign had not been fruitless, because a great piece of educational work had been accomplished, and that "leave to withdraw" could detract not one whit from this influence. The report closed as follows: "To the years 1904, 1905, 1906, 1908, 1909, 1910, and 1919 we have added 1924. Like our older sisters we have come down Beacon Hill, but like them we shall go up again, and like them we shall one day put one more clause into our nursing bill, which will be the means of giving still better nursing care to the sick in Massachusetts." The principal address of the afternoon was presented by Harold DeW. Cross, D.M.D., Director of the Forsythe Dental Infirmary for Children, Boston, on Dental Nutrition and Tooth Development. Following a discussion of this paper, Miss Condon of *The Survey* presented the attractive combination subscription to the *American Journal of Nursing* and *The Survey*. Katherine Fitzgerald, the Boston representative of the *Journal*, was also at the meeting to distribute literature and receive subscriptions for the *Journal*. Mary M. Riddle presented the work of the Robb Fund Committee and announced the resuming of activities for subscriptions to this Fund. A collection was taken for the restoration of the University of Louvain, which amounted to \$68.32. Greetings were sent to Miss Richards, Miss Drown, Miss Davis, and Miss Dana. Esther Dart, former President and Treasurer, who was absent on account of illness, was also remembered by a message of greeting. At 5 p. m., the meeting adjourned to the Boston Nurses' Club, where tea was served by the Massachusetts Homeopathic Hospital Nurses' Alumnae Association. **Boston.**—THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION holds its ninth annual meeting at the Twentieth Century Club, January 12, with Evelyn L. Coolidge, retiring president, presiding. The meeting began with a dinner. The guests

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were executives from different industries. The speakers were John Garvey, Employment Manager, Dennison Mfg. Co., who spoke on Good Will; Ethel Johnson, Associate Commissioner, Massachusetts State Board of Labor and Industries—Educational Work of the Industrial Nurse; Dr. Clarence O. Sappington, Vital Statistician with the Harvard School of Public Health—Economic Value of Physical Examination in Industry, and Herman Behr, Safety Engineer with the Liberty Mutual Insurance Co.—The Industrial Nurse and Safety Engineering. The following officers were elected: President, Florence Barry; vice-presidents, Louise G. Fisk, Anne Selly; recording secretary, Clarissa Haseldon; corresponding secretary, Mary Murphy; treasurer, Helen Stevens. **THE NORFOLK AND SUFFOLK COUNTY ASSOCIATION** held a meeting on January 31 at which Dr. Francis X. Mahoney spoke on The Health of Boston; and on February 28, when Dr. Merrill Champion spoke on The Nurse's Place in Child Hygiene. **THE MASSACHUSETTS HOMEOPATHIC ALUMNAE** held a Valentine luncheon and food sale at Vose Hall on February 14. **THE BOSTON CITY HOSPITAL ALUMNAE** at its regular meeting, February 3, heard an address by Francis W. Peabody, M.D., on Functions of a Municipal Hospital. **Jamica Plain.**—**THE EMERSON HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting at The Vendome, January 12, thirty members being present. The following officers were elected for the year: President, Myrtle B. Ross; vice-president, Mrs. Raymond Woodman; secretary, Emma Oliver; treasurer, Mary Rogers, Telitha Cuimi Home, Jamaica Plain, Mass. **Springfield.**—Inez Raimmey and Miss Brown (Newburyport) have taken positions with the Springfield Hospital. **Ware.**—Florence Pratt (Paysant Memorial Hospital, Windsor, N. S.), has taken a position as night nurse at the Ware Hospital.

**Michigan: Ann Arbor.**—**THE UNIVERSITY OF MICHIGAN ALUMNAE ASSOCIATION** held the first meeting of the year at the Nurses' Dormitory, January 17. The newly elected officers are: L. Vivian Thorpe, president; Violet Tesson, secretary, and Gertrude Loessel, treasurer. The Program Committee has procured a speaker to address the association each month immediately after the business session. The

Senior Class is invited to attend the lecture and the social hour which follows. A graduate and an executive school uniform were designed and adopted. A committee was appointed to arrange for a carnival to be given this spring, the proceeds to be added to the Alumnae Loan Fund. The Alumnae Association has voted to support in every possible way the *Scalpel*, a quarterly published by the pupils of the school for 25 cents per copy. Magna C. Tillotson has accepted a position as Instructor at Newton Hospital, Newton Lower Falls, Mass. Olive Jane Brown has accepted a position as admitting nurse in the main office and Emma Spiegel is assistant night superintendent. **Detroit.**—**A BASKET BALL LEAGUE** was organized in October for all the training schools of the city under the direction of Betty Barber. The object of this League is to furnish the nurses with recreation and play apart from their every day environment, and to promote loyalty and school spirit. Members of Staff of Hospitals in the city act as sponsors for the teams. Silver trophies have been the gifts of other physicians. Basket ball suits have been the gifts of Boards of Trustees in various instances. This new activity has met with enthusiastic support from officials and students of all schools in the city. **THE ALUMNAE OF THE FARRAND TRAINING SCHOOL** gave a winter party in McLaughlin Hall on February 6. The students of the School gave a minstrel show on January 24 and 25 in the same place. **Lansing.**—**THE SCHOOL OF NURSING OF THE EDWARD W. SPARROW HOSPITAL**, under the direction of Eleanor Hamilton, has completed an arrangement with Michigan Agricultural College, whereby a five-year course is offered. The five-year students are entered in the Home Economics Department and will be granted the B. S. degree. **Port Huron.**—**THE NINTH DISTRICT ASSOCIATION** held its annual meeting on January 16 and elected as officers: President, Frances Rosenstiel; vice-presidents, Stella Higgins and Mrs. R. E. Wheeler; secretary, Minnie Walker; treasurer, Elizabeth White, all of Port Huron. Committee Chairmen are as follows: Credentials, Mrs. R. Wheeler; Program, Elizabeth White; Hospitality, Josephine Halvoren; Nurses' Relief Fund, Minnie Walker. **THE**



PORT HURON HOSPITAL TRAINING SCHOOL ALUMNAE elected the following officers at the annual meeting, January 16: President, Helen A. Davidson; vice-presidents, Nellie McAlpine, Frieda Priehs; secretary, Frances Rosenstiel; treasurer, Marie Payne. Committee chairmen are: Publication, Stella Higgins; Program, Ethelyn Latham. Following the business meetings the two associations joined in a social hour. **Saginaw.**—THE PUBLIC HEALTH SECTION OF DISTRICT 11 met on February 8. After a short business session, games and music were enjoyed. Juliet Bell, Assistant Director of the Bureau of Education of the Michigan Department of Health, visited the city in the interest of Health Education in the schools. Many interesting meetings were held.

**Minnesota:** THE BOARD OF EXAMINERS will hereafter devote three days to the examination for registration instead of two. Examinations will be held on April 24, 25, and 26, in St. Paul, Duluth and Rochester. **Minneapolis.**—THE ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING OF THE UNIVERSITY OF MINNESOTA held its annual meeting on January 4 and elected as officers: President, Esther Andreason; vice-president, Ione Corlis; treasurer, Mrs. Florence Holseid Leversee; corresponding secretary, Ruth King; recording secretary, Agnes Bragstad. Miss Babcock, 1914, and Esther Jorstad, 1917, are at the Miller Hospital, as Instructor and in charge of the Pediatric Department. Esther Andreason, 1918, is Assistant Superintendent at Glen Lake Sanatorium. The annual meeting of the SWEDISH HOSPITAL SCHOOL OF NURSING was held January 15. Hannah Swenson was reelected president, with Anna Dale vice-president; Ruth Tollefsen, secretary; and Esther Nelson, treasurer. The Alumnae gave a sleighing party January 23, followed by an oyster supper at the new Nurses' Dormitory. Helen Law resigned as vice-president of the Third District to accept Public Health work. Her headquarters will be in Rochester. Katherine Doherty, Superintendent of Nurses of Minneapolis General Hospital School of Nursing, was elected to fill the unexpired term. Mrs. E. S. Marriet, formerly Anne Jones, University of Minnesota School of Nursing, gave a reception at her home at Glen Lake,

February 2, in honor of Eula Butzerin, (Presbyterian Hospital, Chicago), who comes to Minneapolis to succeed Mrs. Marriet, as Director of the Public Health Course under the Department of Preventive Medicine, at the University of Minnesota. **St. Paul.**—THE INSTITUTIONAL SECTION OF THE FOURTH DISTRICT held its regular meeting on January 28, at St. John's Hospital. Dr. Lillian Nye gave an interesting talk on Social Hygiene work in the Schools. Miss Costello, anesthetist at the Ancker Hospital, spoke on Anesthesia. Mrs. Kittleson, teacher of Dramatic Art, told of work she has done in various nurses' training schools. As a result of her own impressions while a patient in a hospital, she has developed a course especially adapted to student nurses, showing the advantage of good posture, poise, voice and manner in their effect upon patient, relatives and doctors. St. John's Hospital is to be congratulated on having secured Mrs. Kittleson to give this course (which might be termed a course in Every-day Deportment for Nurses), to all its students. At the close a social half hour was spent. This was one of the most enjoyable meetings the Institutional Section has held this winter. This Section, which meets bi-monthly, is composed of all nurses doing Institutional work in St. Paul. The aim has been to meet and discuss problems of interest. No membership fees are charged. Officers are elected yearly. The Fourth District held a reception on January 14, at the Church Club, in honor of Mary E. Gladwin, Director of Nursing Education in the State. The nurses in Minnesota feel themselves peculiarly fortunate in having secured the services of a woman of such wide experience and broad vision. Already her keen insight and sympathetic attitude have made a profound impression upon those with whom she has come in contact. While every one realizes that this particular job in any state means an enormous amount of work, time and patience, and that results can never be immediate, it is apparently with much enthusiasm that the Superintendents of Nurses and Instructors in Minnesota are putting their shoulders to the wheel and are determined that they will make their individual contribution toward its success. Most of the Alumnae Associations held the annual meeting during

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January and elected officers as follows: ANCKER HOSPITAL, president, Helen Anderson; secretary, A. Satersmoen, 407 Holly Avenue, St. Paul; treasurer, Margaret Stoddart. BETHSEDA HOSPITAL, president, Florence Nelson; secretary, Olive Hamburg, Bethesda Hospital; treasurer, Dora Rhodes. MOUNDS PARK HOSPITAL, president, A. Friedsburg; secretary, O. Bergstrom, Mounds Park Hospital; treasurer, E. Larson. ST. JOSEPH'S, president, Hima Rodewald; secretary, Helen Kappes, 794 Aurora Avenue; treasurer, Marcella Ratchford. WEST SIDE GENERAL, president, Lilah Nehring; secretary, Hildegard Radtke, 601 Bancroft Avenue; treasurer, Esther Schroeder. **Sixth District.**—The annual meeting of ST. MARY'S ALUMNAE was held in January and officers elected as follows: President, Elizabeth Neal; secretary, Stella Dunham, St. Mary's; treasurer, Mary Briscoe. Agnes Donahue is in New York City at the Willard Parker Contagious Hospital. Helen Mechler is on duty at the Providence Hospital, Sandusky, Ohio, and Pauline Stahowick has accepted a position in the American Hospital, Chicago. Six of St. Mary's graduates are in attendance at Teachers College, New York. **Winona.**—THE WINONA GENERAL HOSPITAL graduated a class of seven on February 22. Dr. E. D. Keyes, vice-president of the Board of Directors, presided and presented the diplomas. Mary E. Gladwin addressed the graduating class. A reception followed the program.

**Missouri: St. Joseph.**—The will of Mrs. S. W. Noyes, who died recently, left a sum not to exceed \$100,000, for the erection of a home for the nurses of the Noyes Hospital, which hospital was a memorial to her husband. Mrs. Noyes was a member of the Board of Trustees of the Hospital. The will creates a fund of \$400,000, three-fourths of which goes to the use of the Hospital. A nurses' home has been much needed and there is great rejoicing that this is to be supplied.

**Nebraska:** Jennie Higgins has been re-appointed to the Nurses' Examining Board for a period of three years. Miss Higgins inspects all hospitals that conduct accredited schools of nursing. **Lincoln.**—DISTRICT 3 held its annual meeting on January 15 at the State Orthopedic Hospital with an attendance of

fifty. Dr. Chauncy Chapman of the City Health Department spoke on the work of that Department and the opportunities for cooperation from nurses. Dr. Margaret Koenig of the Children's Bureau also spoke. Officers elected are: President, Lulu Abbott; vice-presidents, Sister M. Edwarda, Gertrude Krausnick; secretary, Euphemia Peterson; treasurer, Mrs. James Campbell. GREEN GABLES SANITARIUM has the custom of celebrating Christmas by an early breakfast attended by students, members of the staff and graduates. The number has increased each year until this past Christmas when 70 were present; 24 of these were graduates, representing 12 of the 20 classes. The Alumnae made an effort to extend Christmas cheer to all its members who have been unable to work for some months, by sending greetings and a gift. A purse of \$100 was presented to one member who is almost blind. THE ALUMNAE ASSOCIATION OF ST. ELIZABETH HOSPITAL at its annual meeting, January 8, elected: President, Julia Vetter; vice-president, Genevieve Goehring; secretary, Frances Putnam; treasurer, Frances Neukirch. **Omaha.**—THE NEBRASKA METHODIST EPISCOPAL HOSPITAL has appointed Lenore Gonser (University of Iowa School of Nursing) Instructor, and Helen Inches (Bishop Clarkson Hospital), Dietitian.

**Nevada:** THE NEVADA STATE NURSES' ASSOCIATION has chosen the following officers for 1924: President, Clair M. Souchereau, Reno; secretary, J. B. MacLeod, Colonial Hotel, Reno. The president of the State Examining Board is Mary E. Evans, 431 West Street, Reno.

**New Hampshire:** THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE will hold a meeting on March 12 in Manchester, with meetings of the League and the Public Health Sections in the morning and a general session in the afternoon. **Concord.**—THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE ASSOCIATION held a regular meeting January 30, with a good attendance. Routine business was transacted and work for the winter planned. Resolutions on the death of Dr. Chas. P. Bancroft, former Superintendent of the New Hampshire State Hospital, were adopted. The Association voted to honor the memory of Dr. Bancroft by establishing a

memorial membership in the Concord District Nursing Association. A social hour followed. At the annual meeting of the MARGARET PILLSBURY HOSPITAL ALUMNAE ASSOCIATION, the following officers were elected: President, Bernice Driver; vice-presidents, Alice Russ, Mrs. Mabel Harvey; secretary, May Jewett; treasurer, Mrs. Myrtle Venne. Plans for work to be done during the year were discussed. A social hour was enjoyed. **Nashua.**—At the December meeting of the Alumnae Association of the MEMORIAL HOSPITAL the following officers were elected: President, Ellen Record; vice-presidents, Mrs. Ada Rigney, Aleste Amirault; secretary, Mrs. M. Haywood; treasurer, Mrs. M. Blanchard; directors, Ellen Dawson, K. Hay, Miss Fitzpatrick, C. Merrill.

**New Jersey:** THE NEW JERSEY LEAGUE OF NURSING EDUCATION held its annual meeting in the City Hospital, Newark, January 18. Alice Shepard Gilman, secretary of New York State Board of Nurse Examiners, gave a very clear talk on the Inspection of Schools of Nursing outside of New York State, and graphically outlined what a Federation of Nursing Associations might mean to nurses in bringing about greater efficiency, by the elimination of duplication of effort, by distributing responsibility for the financing of educational program (now carried by a few) among all nurses, and by bringing about better representation. The following officers were elected: President, Florence Dakin, Paterson; vice-president, Anne E. Rece, Plainfield; secretary, Josephine Swenson, 12 Gordon Place, Rahway; treasurer, Carolyn Schmoker, Newark. The annual meeting of the New Jersey State Organization for Public Health Nursing will be held in the Muhlenburg Hospital School for Nurses, Plainfield, on April 5. The afternoon session will be a joint meeting of this Organization, the State Nurses' Association and the State League of Nursing Education. There will be a get-together supper on Friday evening. The State Nurses' Association holds its meeting on Friday the 4th and the League the evening of the 4th. **Elizabeth.**—Kate Madden has been appointed Directress of Nurses at the Elizabeth General Hospital. **Jersey City.**—CHRIST HOSPITAL ALUMNAE ASSOCIATION is raising a Memorial Fund in honor of

members who have died, for the purpose of providing an altar rail for the chapel. The Association held a parcel post sale on January 22.

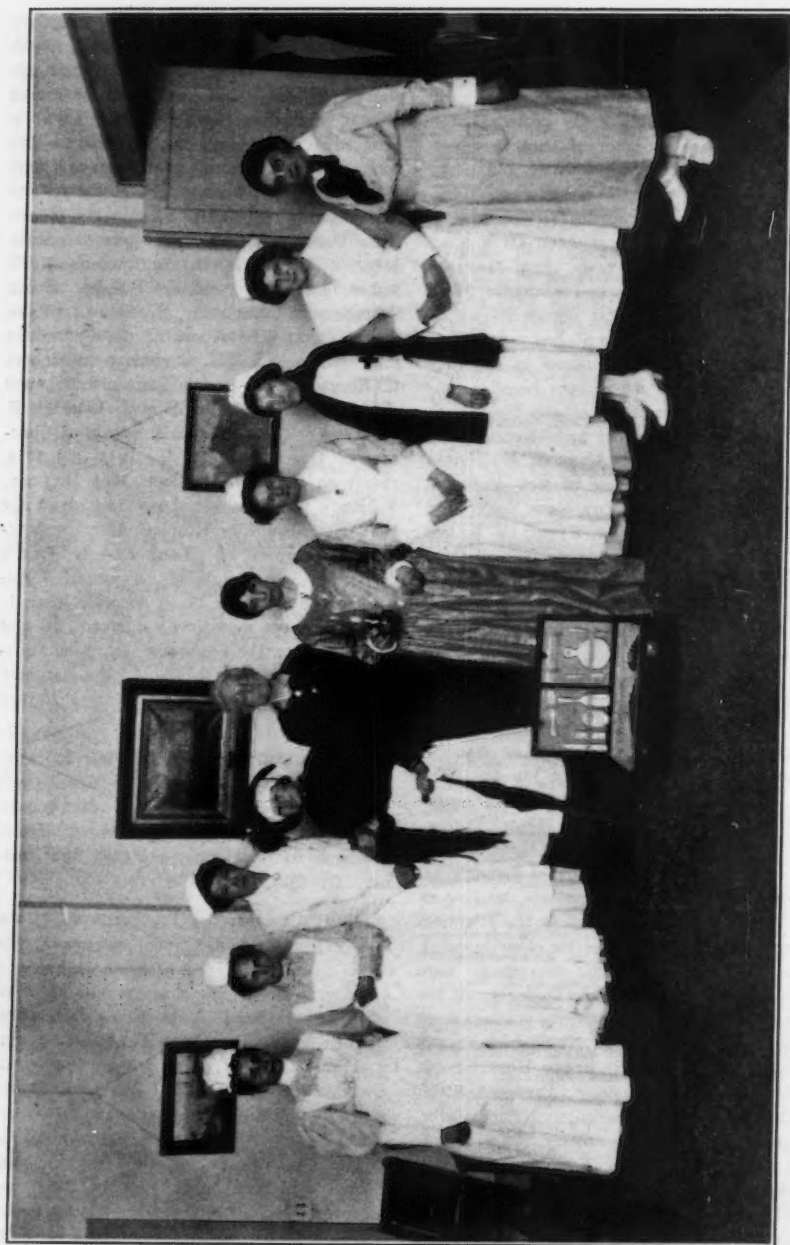
**New York: Auburn.**—THE AUBURN CITY HOSPITAL ALUMNAE held their annual meeting on January 25 and elected as officers: President, Mrs. Charles Whipple; vice-presidents, Frances Jacobs, Jessie Bole—; secretary, Martha Phillips; treasurer, Adeline Sauer; directors, A. K. Young, Mrs. Thomas Farron, Emma Fries, and Mrs. William Pierce. Plans for the coming year were discussed. **Binghamton.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE BINGHAMTON TRAINING SCHOOL FOR NURSES was held in the new club room in the Mary A. Johnson Home for Nurses. The officers elected were: President, Ethel A. Thornburn; vice-president, Mrs. Lela Bowman Sullivan; secretary, Mary A. Fritts; recording secretary, Mrs. Marguerite Dodge Harding. The furnishings of the spacious new club room were much admired by the members. It is attractively furnished in frosted walnut wicker and mahogany, with brown and blue rugs and hangings. **Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE JEWETT TRAINING SCHOOL, BUSHWICK HOSPITAL, held its annual meeting on January 14 and elected: President, Jean Stevenson; vice-president, Augusta More; treasurer, Mrs. Amelia Booreum; secretary, Mrs. Jean Gulli Dow. **Geneva.**—Anna Bentley has resigned as Superintendent of the Geneva City Hospital to become Superintendent of the Buffalo Hospital Training School; her assistant, E. E. Rockhold, goes with her. Miss Bentley is succeeded by Dr. Sterling B. Ragsdale. **Jamaica.**—THE NURSES' ALUMNAE ASSOCIATION OF MARY IMMACULATE HOSPITAL gave its second annual dance on January 14. **New York City.**—Mrs. Marion Brockway, House Mother of the home offices of the Metropolitan Life Insurance Company, was hostess at a delightful luncheon for the supervisors of the nursing service on January 29. The ten nurses who travel for the company were introduced by Mrs. Helen C. La Malle, Director of the Nursing Service. Vivid stories were told of the health work carried on by the Metropolitan, such as the reduction of infant mortality, in a Canadian community of 9000,

from 245 per thousand to 96.4 in a period of three years of intensive pre-natal work. The difficulties encountered in dealing with the child welfare problems in the mill districts of the South were illuminatingly described, for the mothers are so ignorant that they not infrequently begin giving whiskey and paregoric as soon as the babies are born. The Metropolitan has nursing service in 4038 cities and towns and over 2,000,000 nursing visits were made last year. **THE MANAGEMENT OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL** regrets its inability to longer continue the 50 per cent reduction offered to registered nurses in the City of New York who are without hospital connections. Only graduates of the New York Polyclinic Medical School and Hospital who are members of their Alumnae Association and registered in the State of New York are accorded a reduction. **THE NEW YORK CITY CHILDREN'S HOSPITAL ON RANDALL'S ISLAND** has established a postgraduate course of three months in the care of the mentally defective. **THE NEW YORK POST GRADUATE NURSES' ALUMNAE**, at the annual meeting in January, elected the following officers: President, Jean U. Strathie; secretary, Grace Elwell; treasurer, Mildred A. Lamb. Twenty marriages and four deaths were reported for the year. **Rochester.**—**THE GENESEE VALLEY NURSES' ASSOCIATION** held a meeting on January 29 at the Rochester General Hospital. Dr. Frances Holsopple gave an address on Mental Testing. **HIGHLAND HOSPITAL SCHOOL OF NURSING** held a demonstration on afternoon of January 18, when the preliminary course was drawing to a close. The attending staff of the Highland Hospital and instructors of the other hospitals were invited, and nursing procedures were demonstrated by preparatory students. At the close of the exercises the twenty students were given their caps. **THE NURSES' ALUMNAE ASSOCIATION OF THE HIGHLAND HOSPITAL** has elected the following officers: President, Elizabeth Faust; vice-presidents, Nellie Pierce, Joanna Frederickson; secretary, Helen Davidson; treasurer, Bertha Schmidt. **Saranac Lake.**—**THE GRADUATE NURSES' ASSOCIATION** held its January meeting on the 8th at the home of Mrs. Denny with an unusually large attendance. After the business meeting, music

and readings were enjoyed. The February meeting was held at the home of Mrs. Drews on the 5th. Following the business, the home was inspected. It has been built for use as a small sanitarium or nursing cottage and is perfect for such use. **Schenectady.**—The annual meeting of DISTRICT No. 10 was held at Ellis Hospital, January 2, and the following officers were elected: President, Wilhelmina Hoffman, Schenectady; vice-presidents, Mrs. A. V. H. Smyth, Amsterdam, Nellie Baker Johnston; secretary, Helen Green, Schenectady; treasurer, Nellie G. Ryer, Schenectady. The report of the Committee on Professional Ethics, as given by Elizabeth C. Burgess at the Buffalo State meeting, was read by the District Chairman, Florence E. De Graff. The officers and boards of directors of District No. 10, for 1923 and 1924, met with the new president, Miss Hoffman, February 9. A benefit dance was given for the Amsterdam City Hospital Alumnae Association, February 14. **Yonkers.**—**ST. JOHN'S RIVERSIDE HOSPITAL** held its annual Commencement February 19, at Amaekassin Club. There were ten nurses who received diplomas and pins from the hospital. Mrs. Jane Dickson, a graduate of the school, who has been for the past six and one-half years Directress of Nurses, has resigned.

**North Carolina: Marion.**—**THE RUTHERFORD HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION** was formed on June 28 with twelve members and the following officers: President, Mollie Hopper; secretary and treasurer, Myrtle Hemphill.

**Ohio: Cincinnati.**—**THE VISITING NURSE ASSOCIATION** held its annual meeting at the Hotel Gibson January 29. Edna L. Foley of Chicago spoke on The Patients and Problems of a Visiting Nurse Association. **Delaware.**—**THE JANE M. CASE HOSPITAL ALUMNAE** met at the new nurses' home on December 26, and elected officers: President, Helen L. Felkner; secretary and treasurer, Kathleen M. Thomas. It was decided to donate \$15 toward furniture for the new home. The graduating class of 1923 was accepted into membership after having passed the State Board examination. Helen M. Falkner has gone to Western Reserve University to



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complete her course in Public Health. **Cleveland.**—Cecilia A. Evans, director in the course in Public Health Nursing at Western Reserve University since 1916, resigned November 1, to return to her home in Wisconsin. She was succeeded by Marion G. Howell, graduate of Lakeside Hospital, and of the School of Applied Social Sciences at Western Reserve University. Miss Howell has had wide teaching experience in the high schools of Ohio, and has done Public Health nursing in West Virginia and Ohio. Miss Evans will be greatly missed. **Youngstown.**—Sarah Evans has resigned as Registrar of the Official Registry of District 3. THE YOUNGSTOWN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 11, at which the following officers were elected: President, Besse Sutton; vice-presidents, Winifred Campbell, Winifred Hall; secretary, Mrs. James Sutherland; treasurer, Mrs. Herbert Evans. The annual meeting of DISTRICT 3 was a dinner held at Burt's Tea Room, January 17. The following officers were elected: President, Winifred Campbell, Youngstown; vice-presidents, Winifred Cline Warren, and Miss Carroll, Ashtabula; secretary, Besse Sutton, Youngstown; treasurer, Elizabeth Hollingsworth, Youngstown.

**Oklahoma: Oklahoma City.**—DISTRICT 1 held a reception in the club rooms of the Y. W. C. A., on January 16, in honor of Mrs. Idora Rose Scroggs of Norman. Mrs. Scroggs has for the past eighteen years been the leading spirit of all nursing activities of the State. She has served as President of the State Nurses' Association, President of the State Examining Board, and as Inspector of Training Schools; her wisdom has given her prestige among those in authority. In the receiving line with Mrs. Scroggs were the famous Sairy Gamp, (Mrs. Frances Martin), the beloved Florence Nightingale, (Mrs. Hazel Scott), Mrs. Bertha Gist, Mrs. Marjorie Morrison, Antoinette Light, Olive Conn, and Rosalind Mackay in the uniforms worn by them during their hospital training, prior to 1905; then followed a recent graduate from the University Hospital, a student nurse from St. Anthony Hospital, a Red Cross nurse, and a Public Health nurse. Anna Picklum, President of the First District Association, on behalf of the nurses presented Mrs. Scroggs with a beau-

tifully fitted traveling case and the St. Anthony Alumnae gave her a handsome fountain pen. After a musical program, the nurses were given the opportunity individually to pay honor to Mrs. Scroggs.

**Oregon:** Mrs. Lulu Johnson, formerly Morrow County nurse, has been employed by the Indian Bureau for public health work on the Klamath Indian Reservation. She will carry out the public health program as in county work. **Monmouth.**—Mrs. Effie Concanon Forman has accepted the position as nurse for the Oregon Normal School. Mrs. Forman for the past two years has been a member of the staff of school nurses at Des Moines. **Portland.**—Marion G. Crowe, Superintendent of the Visiting Nurse Association, has received a degree from the University of Oregon which she has earned by taking extension courses in her off-duty hours, managing to cover the requirements of three years of work in four years. The Shrine Hospital for Children received its first patient on January 7 and was opened for formal inspection on the 15th. Letha Humphrey is Superintendent. Marjorie Brownlee, formerly field secretary for the Pacific Division of the American Red Cross, has been employed as executive secretary for the Portland Social Workers' Association.

**Pennsylvania: Allentown.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held its annual card party and dance at Mealey's Auditorium, February 6. It was a pre-valentine dance and was thoroughly enjoyed. **Braddock.**—THE BRADDOCK GENERAL NURSES' ALUMNAE held its annual meeting on January 10, at Braddock Hospital. The officers for the year 1924 are as follows: President, Mrs. Edith Hetrick; vice-president, Mrs. Sarah Swaney; secretary, Mrs. Mary Turner; treasurer, Mrs. Harvey Spahn. The Alumnae voted to put \$600 in interest account, the money being made at a bazaar held December 22. Dora Grimm recently accepted a position as Night Supervisor at the Akron City Hospital, Akron, O. **Columbia.**—THE COLUMBIA HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting at the home of Mrs. William Bartch, January 8. The secretary was requested to ask all members to notify the *Journal* of any change of



address. It was voted that \$5 be sent to the Nurses' Relief Fund annually. The following officers were elected: President, Anna K. Essig; vice-presidents, Mrs. Ella O'Donovan, Mrs. Ada J. Frank; secretary, Mary E. Klugh; treasurer, Ruth V. Goodwin. **Philadelphia.**

—THE SCHOOL FOR THE TEACHING OF PRELIMINARY COURSES IN NURSING EDUCATION had its opening session of the Spring term on February 4, at the Civil Engineering Building of the University of Pennsylvania. Forty-eight students, representing eight hospitals, were enrolled and had their first lesson in Anatomy and Physiology from 2 to 4 p. m., with Ophelia Feamster as Instructor. A number of Superintendents of Nurses and Instructors in the Philadelphia schools of nursing were present at this class and remained for the formal program which followed. Harriet Frost, Supervisor of the Department of Public Health Nursing, Pennsylvania School of Social and Health Work, who lectures to the students on the Social Aspects of Nursing, presided at the assembly at four o'clock. The speakers were: Dr. Kenneth Gordon Matheson, President of Drexel Institute; Dr. George H. Meeker, Dean of the Faculty, Graduate School of Medicine, University of Pennsylvania, and Arthur A. Fleisher, Treasurer of the Council for Nursing Education and School for Teaching Preliminary Courses in Nursing Education. The courses to be given this spring are the same as previously. Each student receives 205 hours of instruction which includes all of the usual preliminary subjects except Nursing Principles and Procedures. Edith Stewart is teaching Drugs and Solutions, and Corinna French, Psychology. Nutrition and Cookery and Chemistry are taught by members of the regular faculty of Drexel Institute; Bacteriology, History of Nursing, and Hospital House-keeping, by the director of the Preliminary School. THE HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION held a meeting on January 1, at which the following officers were elected: President, Agnes E. Jacobs; vice-presidents, Eva J. Hood, Elizabeth Henne; secretary, Beatrice D. Harvey; treasurer, J. Emilie Kempe. The regular monthly meetings of the Alumnae are held the first Tuesday, and the Directors' meetings on the third Tuesday of each month. The dance given at the Bellevue

Stratford Hotel was a social and financial success. A list of the new committee chairmen was read at the meeting held January 15: Membership, B. Wilson; House, E. Henne; finance, E. Kempe; Entertainment, Mabel Snyder; Auditing, E. Frescoln Foster; Legislative, Eva J. Hood; Press and Publicity, Beatrice D. Harvey. THE NURSES' ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL held its annual meeting in the nurses' home, January 2. The following officers were elected: President, Mrs. Adalaide Wright Pfromm; vice-presidents, Blanche Knox, Katharine Cleveland; treasurer, Amelia S. Diller; secretary, Edna J. Lewis. Due to illness, Harriet M. Gillette resigned as Directress of Nurses and was succeeded on January 1 by Nellie F. W. Crossland, class of 1894. Frances L. Gooden was appointed First Assistant Directress and Alice B. Forsythe, Second Assistant, both of the class of 1921. THE ASSOCIATION held its regular meeting on February 6, at the home of the president, Mrs. Pfromm. It was voted to have a "Home Coming" during Commencement week in May; all graduates of the school are invited to attend. **Pittsburgh.**—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held the first meeting of the year January 7, at the hospital. Margaret Tupper, Director of the Public Health Nursing Course at the University of Pittsburgh, gave a very instructive talk on the advantages gained by nurses through this advanced education. The following Chairmen of Committees were appointed by the President: Auditing, Jessie R. Gibson; Arrangement, Ella M. Scheidy; Eligibility, Effie Ludwig; Endowed Room, Sick and Relief Fund, Leila Barbhart; Nominating, Bertha Martin Fryclund; Press and Publicity, Isabel Chaytor Flynn. The accumulation of Endowment assessments enables the Association to add \$1000 to the Endowed Room Fund and to invest another thousand in a bond, the interest from which will be used for the Sick and Relief Fund, to assist the members not in a position to use the room at the Hospital when ill. At the meeting held February 4, a member of each class was appointed by the President to act as secretary for the year to assist in keeping the members interested in the affairs of the Association. A plan to have a reunion of the

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graduates during commencement week is under consideration. The Association feels honored to have one of its members, Anna M. Brown, selected by the Kiwanis Club of Butler County as the person entitled to the Kiwanis Service Medal for doing the greatest amount of good for the community during the year 1923. Miss Brown's untiring interest as the Butler Community Nurse for the last fifteen years, in the homes of people unable to afford the care of a nurse or to leave their homes for hospital care, justly entitles her to this public reward and the respect she brings to her profession is helpful to her sister nurses. The election of the officers for the MERCY HOSPITAL ALUMNAE for the year of 1924 was held January 31, in the General Assembly Room of the Nurses' Training School. The officers are: President, Mary McGill; vice-presidents, Alma Davis and Nell McCarthy; secretary, Gladys McGough; assistant secretary, Mary Walton; treasurer, Mae Murphy. Chairmen of Committees are: Resolutions, Hilda McAtee; Social, Catherine Quigley; Publicity, Mary Walton; Sick, Alice Kahl; Eligibility, Catherine Beiter. **Reading.**—DISTRICT 2 held its annual meeting in Berks Medical Hall January 19, with 49 present. The speaker for the occasion was Dr. A. F. Sheldon, who gave a very interesting address on Service. The following officers were elected for the ensuing year: President, Mrs. Anna Barlow, Reading; vice-presidents, Elizabeth Miller, Easton, and Caroline Diehl, Allentown; secretary-treasurer, Emma J. Heister, Reading. It was announced that the State convention would be held in Reading the last week in October, with headquarters at the Berkshire Hotel. Those wishing to attend the convention were requested to make their reservations four months in advance. **Wilkes Barre.**—MERCY HOSPITAL ALUMNAE at their annual meeting, January 7, elected officers as follows: President, Florence McHale; vice-presidents, Mary Collins and Elizabeth Sweeney; financial secretary, Sister Mary Martina; recording secretary, Loretta Burke; treasurer, Anna Mullen. Mrs. Catherine Moffitt Dougherty succeeded Helen Mattingly as Medical Social Worker of the Hospital, January 1. Mary T. Denion, who was formerly employed at the State Clinic No. 1, in the G. U. Division, has resigned her position and is now with the Mothers' Assistance Fund.

**Rhode Island:** THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting at the Medical Library, Providence, January 21. Greetings were given by Mrs. Caesar Misch, President of the State Federation of Women's Clubs. Elizabeth Upham Yates gave a short talk on the World Court. After the President's address by Amy Allison, an address was given by Elizabeth G. Fox of Washington on The Public Health Movement and the Nurse. There was a good attendance. Officers elected are: President, Ellen M. Selby, Pawtucket; vice-presidents, Abbie E. Johnson and Ada G. Ayers; recording secretary, Anna K. McGibbon; corresponding secretary, Edith Barnard; treasurer, Edwina Porter. **Pawtucket.**—MEMORIAL HOSPITAL NURSES' ALUMNAE ASSOCIATION has elected the following officers: President, Muriel Eales; vice-president, Ola Burns; recording secretary, Eleanor Jones; corresponding secretary, Edith Russell; treasurer, Helen Ebbitts. **Providence.**—Winifred L. Fitzpatrick, Associate Director of the District Nursing Association, has just completed twenty years of service with the organization. In that time, the staff of the Association has increased from three to fifty-two graduate nurses and seven student nurses from the four hospitals of the city. THE RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION held its annual dinner at the Plantations Club, January 30. Over \$2500 was pledged toward a scholarship fund, for postgraduate study. THE RHODE ISLAND HOSPITAL NURSES' CLUB met on February 4 and heard an address by Col. Anthony Dyer. Miss Selfridge has been released from service at the Veterans' Bureau and has returned to the Rhode Island Hospital as third assistant to the Superintendent of Nurses. THE RHODE ISLAND INDUSTRIAL CLUB held a meeting in December at the Girls' City Club. Miss Brewster of the Society for Organizing Charity, spoke on Preparing Household Budgets. On January 22, officers were elected: President, Emma Doolin; vice-president, Ethel Robertson; secretary and treasurer, Mary Dodd.

**South Carolina: Charleston.**—DISTRICT 1 held its annual meeting on January 17. All officers made encouraging annual reports. The committee conducting the affairs of the Central Registry reported very satisfactory work done. District No. 1 feels well compensated

for its efforts in establishing and maintaining this Registry, by the satisfaction given both public and nurses. After the election of officers a social hour was enjoyed. Officers elected are: President, Anastasia McConnell, Mercy Hospital; secretary, Miss A. J. Meyer, 217 Calhoun Street; treasurer, Mrs. J. Thomas.

**Tennessee: Memphis.**—DISTRICT 1 held its annual meeting, January 9, and elected: President, Lena Lyons; vice-presidents, Mrs. Condon Fitzpatrick, Catherine Quinn; secretary, Georgia Holmes; treasurer, Nina Sadler. Elizabeth Garrison, Baptist Memorial Hospital, has accepted a position with the State Board of Health, to be stationed at Columbia.

**Utah:** THE UTAH STATE NURSES' ASSOCIATION held its annual meeting, December 28. The morning session was devoted to reports and discussion of local conditions. Following the business, members were taken back to their childhood days by A Fairy Story,—pictures of the most wonderful spot in the world, Bryce Canyon. Officers elected are: President, Alice Hubbard; secretary, Jane Rawlinson, both of Salt Lake City.

**Virginia:** THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA began last May a movement to establish a chair of nursing at the University of Virginia at Charlottesville, by raising \$75,000 for the Foundation. Agnes D. Randolph is head of the Central Committee. A pageant is being planned for May. The thirty organizations of nurses in the state are at work, and each of the 1000 nurses is asked to give \$5 a year for two years. A start has been made and \$3000 is on hand.

**Washington: Tacoma.**—*Tagenho* is a little paper published at the Tacoma General Hospital, full of interesting bits of information. Minnie E. Howe, (Methodist Hospital, Omaha), is Supervisor of the Surgery.

**Wisconsin: Janesville.**—THE SECOND DISTRICT ASSOCIATION held its annual meeting at Mercy Hospital, January 29. Officers elected are: President, Ida Dietrichson; vice-president, Mrs. More; secretary, Anna Downey; treasurer, Hannah Quirk. Following the meeting, a banquet and joint meeting were held with the Rock County Medical Association. Dr. Harper gave a splendid address on Communicable Diseases. **Kenosha.**—DISTRICT 1 held its Jan-

uary meeting at the new nurses' home of Kenosha Hospital. A DISTRICT LEAGUE OF NURSING EDUCATION was organized. The officers elected were: Chairman, Faith Collins; secretary, Helen Duncan. A Public Health Section was also organized. Ada Nelson of Racine as Chairman and Ruth Helverson as secretary. Mrs. T. W. Ashley gave a very interesting talk on her trip to Europe. Five dollars was subscribed to the Louvaine Library Restoration Fund by graduate and student nurses. The annual meeting of the Kenosha Hospital Alumnae Association was held January 23. The following officers were elected: President, Mrs. E. Nelson; vice-presidents, Albertine Johnson, Irene Brugger; secretary, Mrs. P. Lippert; treasurer, Lois Pedley. **Milwaukee.**—Mrs. Adelaide Northam was the guest of honor at a banquet held at the Astor Hotel, February 5. Mrs. Northam, who has been superintendent of nurses at the Milwaukee County Hospital for several years and active in the State League of Nursing Education and all legislative measures in the state, is resigning to take up work with the National League of Nursing Education, as chairman of the Finance Committee and of the Ways and Means Committee. Forty guests were present. The student nurses from Mount Sinai School for Nurses furnished the music. Margaret Packenham was toastmistress. Mrs. Mabel Bradshaw, Helen Kelly, Cornelia VanKooy, Marian Rottman, and Mrs. Northam responded. The speakers traced the efforts of the workers for state legislation from its earliest history down to the present time. A most enjoyable evening was spent and while the Wisconsin nurses regret that Mrs. Northam is leaving the state they sincerely hope that success and happiness will follow her into the larger field of activity. The newly elected officers of the Wisconsin Nurses Club are as follows: President, Anna Rice; vice-presidents, Caroline Herrl, Marguerite Brown; treasurer, Mathilda Wolf; secretary, Dorothy Rood. Anna L. Eitel, who for the past seven years has been assistant superintendent of nurses of the Marquette School for Nurses has been appointed to the recently created position of superintendent of the Marquette University Hospital; the vacancy made by Miss Eitel's appointment will

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be filled by Inez Decker, Monroe, La. On January 15, Mount Sinai Hospital gave a party in honor of the preliminary students who successfully finished their course. The "capping" was preceded by an impressive service which included a talk by Marion Rottman, superintendent of nurses, an expression of welcome into the students' ranks by members of the Senior and Intermediate classes, and concluded by an inspiring message by Ed. Freschel, president of the board of Mount Sinai Hospital. A social evening followed. The nurses of Mount Sinai enjoyed a wonderful old fashioned sleigh ride party in January. THE HANOVER HOSPITAL alumnae have elected the following officers: President, Mrs. Marie Koch; secretary, Katherine Northman; treasurer, Anna Watchak. After the election Lucy Erdman, the new superintendent of nurses, spoke to the members and a resolution was passed that the alumnae send telegrams to the United States Senators and Congressmen, expressing its opposition to the reclassification bill. The monthly meeting of the MILWAUKEE LEAGUE OF NURSING EDUCATION was held at the Milwaukee Children's Hospital, January 26; Miss Fauerbach, instructor of the Milwaukee Central School of Nursing gave a paper on the history of the central school. Marian Rottman, president of the Milwaukee Council of Nursing Education, discussed the paper. Bena Henderson, superintendent of the Milwaukee Children's Hospital, who had just returned from a meeting of the National League of Nursing Education, told of the League Headquarters, its development, and of the value of the various departments to the nursing profession.

#### BIRTHS

To Mrs. Clark Vosburg (**Caroline Andrews**, class of 1922, Amsterdam City Hospital, Amsterdam, N. Y.), a son, December 28.

To Mrs. Charles Carney (**Rose Anton**, class of 1919, St. Mary's Hospital, Grand Rapids, Mich.), a daughter, Priscilla Ann, January 3.

To Mrs. Katherine Buckmon Banford (Methodist Episcopal Hospital, Philadelphia), a son, January 25.

To Mrs. Paul Cummings (**Helen Brings**,

class of 1921, Allegheny General Hospital, Pittsburgh, Pa.), a son, February 3.

To Mrs. Joseph Winder (**Helen Brumbach**, class of 1919, Abington Memorial Hospital, Abington, Pa.), a son, Jack Brumbach, November 24.

To Mrs. Chester Thomas (**Winifred Bullock**, class of 1917, Youngstown Hospital, Youngstown, Ohio), a daughter, January 9.

To Mrs. DeCoven King (**Mary Clay**, class of 1916, Allegheny General Hospital, Pittsburgh, Pa.), a son, DeCoven Clay, December 25.

To Mrs. Frank Starrs (**Nell Cleary**, class of 1902, St. Vincent's Hospital, Erie, Pa.), a daughter, in January.

To Mrs. J. W. Skinner (**Cornelia Cook**, class of 1908, Memphis General Hospital, Memphis, Tenn.), a daughter, January 5.

To Mrs. J. R. Weinman (**Eliza Dill**, class of 1912, Allegheny General Hospital, Pittsburgh, Pa.), a son, January 12.

To Mrs. Clark Williams (**Una Fry**, class of 1909, Kansas City General Hospital, Kansas City, Mo.), a son, Alvin Clark, January 7.

To Mrs. Roscoe Mack (**June Gontz**, class of 1915, Allegheny General Hospital, Pittsburgh, Pa.), a son, January 12.

To Mrs. John Alston (**Elizabeth Gotwalt**, class of 1921, Frankford Hospital, Philadelphia), a daughter, Elizabeth, December 25, in China.

To Mrs. William Moore (**Marion Lawrence**, class of 1917, Amsterdam City Hospital, Amsterdam, N. Y.), a son, December 20.

To Mrs. Walter S. Heineman (**Rose M. Lorish**, West Penn Hospital, Pittsburgh, Pa.), a daughter, Joy Adele, January 20.

To Mrs. W. C. Corcoran (**Agnes McNamee**, Mercy Hospital, Chicago), a son, November 10.

To Mrs. L. M. Randall (**Faith Meek**, class of 1921, Iowa State University Hospital), a son, December 14.

To Mrs. Florence Gardner (**Miss Meighan**, class of 1921, Mercy Hospital, Wilkes-Barre, Pa.), a daughter, Mary Elizabeth, February 1.

To Mrs. Lawrence Clodie (**Gladys Miller**, class of 1922, Glockner Sanatorium, Colorado Springs, Colo.), a daughter, in November.

To Mrs. Percy Keith (**Helen Miller**, class



of 1918, Youngstown Hospital, Youngstown, Ohio), a daughter, in December.

To Mrs. Daniel J. Perettie (**Mary J. Mohoney**, class of 1915, St. Agnes Hospital, Baltimore, Md.), a daughter, Elizabeth Marie, December 22.

To Mrs. George Morrison (Saginaw, Mich.), a son, January 20.

To Mrs. Richard Engstrom (**Caroline Morstead**, class of 1921, Lutheran Hospital, Moline, Ill.), a son, Evans Richard, December 16.

To Mrs. John Cronin (**Ida Moyer**; class of 1921, Hahnemann Hospital, Philadelphia), a daughter, Mary Louise, January 13.

To Mrs. George Weaver (**Lillie Ritter**, class of 1916, St. Luke's Hospital, Bethlehem, Pa.), a daughter, January 16.

To Mrs. J. Kline (**Hilda Ross**, Mercy Hospital, Chicago), a daughter, January 3.

To Mrs. Mabel Hill Stein (class of 1910, Massachusetts Homeopathic Hospital, Boston, Mass.), a son, Frederick Hill, December 2.

To Mrs. Roswell Kinney (**Myrtle Truell**, class of 1917, House of the Good Samaritan, Watertown, N. Y.), a daughter, Dorothy Jean, December 27.

#### MARRIAGES

**Florence M. Alexander** (class of 1892, Brooklyn Hospital, Brooklyn, N. Y.), to Arthur P. Clapp, January 15. At home, Brooklyn.

**Signey Anderson** (class of 1915, Park Place Hospital, Pawtucket, R. I.), to Harry Beavoir Hansen, M.D., December 12. At home, New York City.

**Martha L. Aylesworth** (Sarnia General Hospital, Sarnia, Ont.), to Ira B. Parker, January 21. At home, Mentor, Ohio.

**Mary T. Bannon** (class of 1916, Boston City Hospital, Boston), to Bernard F. Devine, M.D., November 12. At home, Milton.

**Ruth H. Bell** (Fletcher Sanatorium, Indianapolis, Ind.), to F. C. Kinnan, November 24. At home, Indianapolis.

**Margaret Frances Bresnahan** (class of 1917, Carney Hospital, Boston, Mass.), to Robert Holmes Smith, Lt. U. S. N., January 15. At home, Vallejo, Calif.

**Grace Brown**, to George Turk, in November. At home, Davenport, Iowa.

**Grayce Brown** (class of 1922, Iowa State

University Hospital), to Arnold Tummel, January 1. At home, Iowa City, Ia.

**Frances Sage Chipperfield** (class of 1918, Minnequa Hospital, Pueblo, Colo.), to Cecil de Lenair, January 4.

**Florence Coker** (class of 1920, Lucy Brinkley Hospital, Memphis, Tenn.), to E. R. Hall, M.D., December 22.

**Phyllis Conner** (Mercy Hospital, Chicago), to Arthur Daley, M.D., February 2.

**Mrs. Mary Conroy** (class of 1920, Grace Hospital, Detroit, Mich.), to James Miller, January 12. At home, Detroit.

**Vienna Cornwell** (class of 1920, Huron Road Hospital, Cleveland, Ohio), to Ralph Merrick, January 1.

**Ruth M. Cove** (class of 1917, Litchfield County Hospital, Winston, Conn.), to Benjamin F. Wike, January 31.

**Catherine A. Devers** (class of 1916, Hospital, University of Pennsylvania, Philadelphia), to Timothy J. Neville. At home, Carteret, N. J.

**Alice Letha Dunbar** (class of 1919, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Warren M. Andrews, in December.

**Cecilia Feeny** (Mercy Hospital, Chicago), to Samuel W. Poole, December 8. At home, Denver, Colo.

**Florence A. Gallant** (class of 1920, Kansas City General Hospital, Kansas City, Mo.), to Harold J. Bierschbach, February 6.

**Alta Marie Harding** (Mercy Hospital, Chicago), to William Herbert Holbrook, M.D., December 27. At home, Peoria, Ill.

**Flora Heineke** (Saginaw, Mich.), to Walter Reider, in December.

**Lela Henery** (class of 1917, Minnequa Hospital, Pueblo, Colo.), to Van B. King, January 14.

**Minnie Hume** (class of 1917, Columbus Hospital, Great Falls, Mont.), to Charles J. Andrews, November 15. At home, Los Angeles, Calif.

**Miriam Irwin** (class of 1922, J. C. Blair Memorial Hospital, Huntingdon, Pa.), to John Miller, in January. At home, Huntingdon.

**Genevieve R. Kelley** (class of 1921, Army School of Nursing, Washington, D. C.), to William Andrew O'Brien, January 9. At home, Kenosha, Wis.



**Laura Kistler** (class of 1917, Allegheny General Hospital, Pittsburgh, Pa.), to Roland Swank, M.D., January 12. At home, New Kensington, Pa.

**Martha K. Kramer** (class of 1922, Huron Road Hospital, Cleveland, Ohio), to John Baird, M.D., January 1.

**Anna Marie Lance** (class of 1921, Huron Road Hospital, Cleveland, Ohio), to David Elliott, M.D., December 31.

**Fannie Jane McDaniel** (class of 1919, Glockner Sanatorium, Colorado Springs, Colo.), to Mat McDonegh, in February.

**Ethel P. McGuire** (class of 1919, Greater Community Hospital, Creston, Ia.), to Herbert Carlson, January 3.

**Mary A. McIsaac** (class of 1919, J. B. Thomas Hospital, Peabody, Mass.), to Timothy S. Chaisson, November 29.

**Alice Martin** (class of 1922, St. Vincent's Charity Hospital, Cleveland, Ohio), to Mr. Buchanan, December 26. At home, Detroit, Mich.

**Miriam M. Maude** (class of 1917, Hartford Hospital, Hartford, Conn.), to Adolph A. Schreiber, January 16. At home, Indianapolis, Ind.

**Bertha Ellen Melanson** (Rhode Island Hospital, Providence, R. I.), to Willis Edgar Chandler, January 9.

**Mary Midgley** (class of 1917, J. B. Thomas Hospital, Peabody, Mass.), to John F. Mulcahy, November 28.

**Mary Ange Mangeau** (Mercy Hospital, Chicago), to Lawrence Quielen, M.D., January 1. At home, Chicago.

**Cynthia Morgan** (New England Sanitarium and Hospital, Melrose, Mass.), to William Newhook, December 1.

**Florence Moyer** (class of 1915, Lankenau Hospital, Philadelphia), to Robert Yocum, February 6. At home, Lansdale, Pa.

**Esther Muhleman** (class of 1919, Salem Hospital, Salem, Ore.), to Thomas Peterson, December 19. At home, Scio, Ore.

**Pryde Munden** (class of 1923, Good Samaritan Hospital, Portland, Ore.), to Rex McClung, December 28.

**Grace May Mutchler** (class of 1920, Presbyterian Hospital, Philadelphia), to John Kin-

sey Hefferman, December 18. At home, Butler, Pa.

**Lillian Noble** (class of 1922, Youngstown Hospital, Youngstown, Ohio), to Clarence Warner, January 9. At home, Warren, Ohio.

**Sarah Olewein** (class of 1917, Hahnemann Hospital, Philadelphia), to Frederick Carl Bauer, January 24.

**Melinda Pletsch** (class of 1920, Grace Hospital, Detroit, Mich.), to George F. Schwalm, January 12. At home, Saskatoon, Sask.

**Elda K. Rhine** (class of 1923, J. C. Bland Memorial Hospital, Huntingdon, Pa.), to William Kitting, in December. At home, Lewis-town, Pa.

**Edith Solvay** (Mercy Hospital, Chicago), to Daniel Brennan, November 15. At home, Chicago.

**Helen Stafford** (class of 1921, Massachusetts Homeopathic Hospital, Boston), to Dr. Crockett, January 3.

**Martha Stakely** (Davenport Hospital, Davenport, Ia.), to Robert McCash, February 2.

**S. Sullivan** (class of 1917, Mercy Hospital, Cedar Rapids, Ia.), to J. W. Welch, November 15.

**Ora Lee Thomas** (class of 1921, Noyes Hospital, St. Joseph, Mo.), to Alan La Sher, January 18.

**Ella Tichenor** (class of 1922, St. Luke's Hospital, Bethlehem, Pa.), to John Moyer, January 15. At home, Bethlehem.

**Bertha M. Truesdell** (class of 1923, Lockwood Hospital, Petoskey, Mich.), to Norman Henderson, January 21. At home, Detroit, Mich.

**Mary Vechtor** (Braddock General Hospital, Braddock, Pa.), to Francis Brown, December 22.

**Mrs. Lillie Voss** (class of 1923, City Hospital, Little Rock, Ark.), to C. A. Routh, December 25. At home, Little Rock.

**Helen Whitaker** (class of 1918, St. Mary's Hospital, Rochester, Minn.), to Edgar Burns, M.D., January 5. At home, Memphis, Tenn.

**Mabel J. White** (class of 1920, Grace Hospital, Detroit, Mich.), to Ira DeTurk, December 29. At home, Detroit.

**Irma Banwell Wigle**, to Albert Edward Catherwood, M.D., January 3. At home, Detroit, Mich.

## DEATHS

**Anna Borie** (class of 1911, Hahnemann Hospital, Philadelphia), on December 28, in the hospital, after a long illness. Miss Borie after her graduation served as supervisor of the Maternity Building for four years. Failing health demanded her taking less taxing duties. She then majored in laboratory work and acted as technician. To her superiors she gave untiring service and coöperation; to her students she symbolized the best of professional ability and sincerity. All who were trained under her wonderful supervision carried away a true picture of all the modern nurse should be. This alone is a sufficient memorial to one who is held most dear and near in the school from which she was graduated.

**Cecilia A. Brennan** (class of 1909, St. Joseph's Hospital, Philadelphia, Pa.). (A full notice is given under the heading, Army Nurse Corps.)

**Katherine E. Burns** (class of 1916, Worcester City Hospital, Worcester, Mass.), on January 16 at Day Kimball Hospital, Putnam, Conn., after a brief illness followed by an operation. Miss Burns was loved by all who knew her. The buoyancy of spirit with which she gave her service to the ill made her a blessing to those whom she served.

Mrs. Richard Wimmers (**Miss Canan**, class of 1917, Joseph Price Hospital, Philadelphia), on January 23, at Haddon Heights, N. J., after a long illness.

**Mary Ella Clark** (class of 1905, New England Sanitarium and Hospital, Melrose, Mass.), recently. Miss Clark remained with the New England Sanitarium and Hospital for some time, later she held positions at the Attleboro Sanitarium, Battle Creek Sanitarium, and finally the Hinsdale Sanitarium, where she continued a faithful worker until her last illness called her from duty.

**Minnie Corbett** (class of 1921, Homeopathic Hospital, Providence, R. I.), on December 28, at Morton Hospital, Taunton, Mass.

**Florence D. Hammer** (class of 1922, Hahnemann Hospital, Philadelphia), January 22, at the Hospital, suddenly, of septic pneumonia, after an infection. After graduation Miss Hammer was surgical supervisor at the

Hospital. She was an untiring worker and was dearly loved by all with whom she came in contact; her death was a shock to the staff and her alumnae associates.

**Josephine Holland** (class of 1915, Greater Community Hospital, Creston, Ia.), on November 28 at the hospital in which she had been confined for more than a year. She was buried at Osceola, Iowa, her home town.

**Vivian Mae Larson**, Mason City, Ia., died November 20 at Oakdale Sanitarium.

**Florence Nightingale Levensaler** (class of 1890, Boston City Hospital, Boston, Mass.), on November 15, at the Denver and Rio Grande Hospital, Salida, Colorado, where she was one of the staff, after suffering borne with patience and fortitude. Miss Levensaler was a pioneer in X-ray work at the Boston City Hospital. She opened the Infirmary for the Agricultural College at Amherst, Mass. Later she went to Montana to do school nursing and held institutional positions in several places in that state and Colorado. She was always working, always active. Burial was at Thomaston, Maine.

**Mary Theresa Loughlin** (class of 1921, Medfield State Hospital, Harding, Mass.), on January 14, at Cambridge, Mass.

Mrs. Alexander Worthy (**Margaret Munley**, class of 1903, St. Joseph Sanitarium, Mt. Clemens, Mich.), at Bay City, Mich., December 23. Mrs. Worthy was the first graduate of St. Joseph Sanitarium. Her loss will be mourned by her family and friends.

Mrs. John L. Kershaw (**Edith A. Mury** class of 1902, Waldeck Hospital Training School, San Francisco), on January 16, at St. Joseph's Hospital, San Diego. Mrs. Kershaw was a member of the Navy Nurse Corps for over four years, serving in the capacity of Chief Nurse at Mare Island, Calif. During the mobilization of the troops on the Mexican Border she entered the Army Nurse Corps, in July, 1916, serving as Chief Nurse at the Base Hospital, Deming, New Mexico. At the beginning of the World War she was sent as Chief Nurse to organize the Nurses' Mobilization Station at Ellis Island, N. Y., where she rendered invaluable service to the Medical Department of the Army. Later she served as Assistant Superintendent, Army Nurse Corps, in the office of the Surgeon General, where her

services were of the greatest possible value during the war and later in connection with the demobilization of the nurses. For her services rendered during the war as a member of the Army Nurse Corps she was awarded the Distinguished Service Medal by the War Department, which was presented with inspiring ceremonies at Fort Rosecrans, Calif., in April, 1923. This is one of the highest honors which can be bestowed by the United States Government, and comparatively few women have received it. In 1920, Miss Mury's marriage to Lieutenant John L. Kershaw, who is stationed on the Destroyer Tender Regal, San Diego, took place. Mrs. Kershaw was a woman of unusual ability, which, together with her great personal magnetism and charm, will make her loss doubly felt by her friends and associates. Her tireless energy and devotion to duty were an inspiration to all who knew her. She was buried on January 19, at the Mountain View Cemetery, Oakland, with military honors.

Mrs. H. H. Varner (**Susan C. Peacock** class of 1914, Presbyterian Hospital, New York), on October 15.

**Cora Plummer** (class of 1893, Boston City Hospital, Boston, Mass.), on November 24, at the home of her brother in Providence, R. I. Burial was at Meredith, N. H.

**Eleanor Heindle Romanski** (Springfield Hospital, Springfield, Mass.), on January 12, at Ware Hospital, Ware, Mass., after weeks of suffering from an automobile accident.

**Charlotte Ragnhild Rytterager** (class of 1921, St. Paul Hospital, St. Paul, Minn.), on December 31 at St. Paul Hospital, following an illness of 11 months from a sarcoma of the foot. An amputation was performed, following which Miss Rytterager had a normal recovery, though she never fully regained her usual good health. Arrangements were made with the Department of Reëducation of the

state to give her the opportunity of taking up some particular branch of nursing work which would tax her physical strength less than private duty nursing, in which line of work she had previously engaged, but unfortunately she grew worse, and for the last four months was bedridden and suffered greatly. Her last weeks were marked by a wonderful forbearance and a sweet spirit of patience. She was buried in her uniform; six of her classmates acted as honorary pall-bearers. Burial was at her old home, Big Lake, Minn.

**Elma M. Smith** (pupil nurse, Martin Memorial Hospital, Mount Airy, N. C.), on January 7, from mesenteric thrombosis. Burial was at her home, Pilot Mountain, N. C.

**Anna Louise Van Buskirk** (class of 1913, Pottstown Hospital, Pottstown, Pa.), in January, very suddenly. Miss Van Buskirk was one of the most faithful members of her alumnae association. She had suffered from a bad heart condition for a number of years, yet her death came as a shock to her many friends.

**Gladys Wilton** (class of 1924, Farrand Training School, Detroit, Mich.), on January 20, within four months of her graduation. While Miss Wilton was completing her affiliated service at the Herman Kiefer Hospital she contracted scarlet fever. Miss Wilton was a gifted student and a popular member of the Training School. Her leadership was acknowledged by the 1924 class, who elected her as their President. She was beloved by the patients wherever she served. In the qualities of her character, and the service that she rendered, she represented the finest flower of the nursing profession. She will be deeply missed by all with whom she was associated. Services were held in Detroit. Burial was at her home in Canada.

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"Sleep after toil, port after stormy seas,  
Ease after war, death after life, does greatly please."

## BOOK REVIEWS

**TEXT-BOOK OF ANATOMY AND PHYSIOLOGY.** By Diana Clifford Kimber and Carolyn E. Gray, A.M., R.N. Sixth edition, revised. The Macmillan Company, New York. Price, \$3.00.

The authors' aim to give a textbook in Anatomy and Physiology that will meet the needs of the nursing student of today has been realized indeed in this Revised Sixth Edition.

It is an excellent supplement to any teacher's course in that it avoids the usual highly technical descriptions and gives its information in simple, concise, well-outlined form. The summaries at the end of each chapter are an invaluable help to both the student and instructor.

The chapter headings are more clearly and concisely outlined and follow in better sequence. The subject matter assigned in each chapter is more logically arranged.

The illustrations are much more numerous than in past editions, and of an excellent type, well shaded and defined.

It is especially pleasing to note that throughout the edition physiology is given further treatment than in the authors' past books and its correlation with the anatomy presents the subject in such an excellent manner as to make it always of interest and one to be fixed on the student's memory.

The anatomy and physiology of the nervous system is much more fully developed in this edition and these two chapters of sixty-eight pages assume their proper place in the order of subject matter. This phase of anatomy which is usually the bugbear of most

students is very clearly set forth and the physiology which follows helps the student to understand its great importance and acts as a stimulus for further readings along the lines of mental hygiene.

The chapter dealing with glands is very much better arranged and developed than in former editions. More material and better illustrations have been added to the chapter on reproduction.

The book contains over one hundred more pages than the past edition; the glossary is fuller and up to date. The short suggested bibliography is a new and helpful addition. The print and paper are still good but the binding is of new Fabrikoid type, light and flexible.

As one instructor said: "Each edition gets better, but this is the best."

MARY S. POWER, R.N.  
*San Francisco, Calif.*

**CIVILIZATION AND THE MICROBE.** By Arthur I. Kendall. Houghton Mifflin Company, Boston and New York. Price, \$2.50.

The genesis of this book is interesting and will indicate in some manner its scope. The author, who is the Dean of the Northwestern Medical School, found that his daughter, who was a student in high school, had a course in general science which "left her with a vague impression of a world teeming with deadly germs awaiting an opportunity to infect mankind." The Dean's search for material which would tell the story of the microbe in simple language, putting the emphasis on the constructive activities of bacteria, showed that such a book

was needed. It is a fascinating book and while written in non-technical language is authoritative and scientific.

The story of the microbe and the discoveries of man, which have revealed the myriad hosts of microorganisms in the environment, are presented in a picturesque manner. The chapter relating to the industries reminds us again of nature's economy and the methods she uses to salvage for man.

A number of chapters are devoted to the cycle of infection with common pathogenic organisms. Immunity is forcefully presented. However, we are made to realize that the "pernicious activities of a few microbes, the baneful influence of these hidden foes, is far outweighed by the constructive and beneficent effects of microbic participation in the life processes."

The book is illustrated by well chosen illustrations. Although this book would not serve as a text book for student nurses, it would be a valuable one to have in the reference library, as the reading of it would be certain to stimulate interest in bacteriology.

MARY E. NORCROSS, R.N.,  
*Philadelphia, Pa.*

PRACTICAL CHEMICAL URINALYSIS OF THE BLOOD. By Victor Caryl Myers, M.A., Ph.D. Second revised edition. Illustrated. C. V. Mosby Company. St. Louis. Price, \$5.00.

This book, first printed in 1921, has been enlarged and the general plan altered. "The first edition included only a single method for each determination at the end of the individual chapters. This plan is continued in the present edition, but in addition it has seemed

desirable to give the methods of the Folin-Wu system of blood analysis complete in a separate chapter. The method for uric acid given in Chapter III is the new and very simple method of Benedict." Another new chapter (X) discusses various miscellaneous determinations. There are many charts and tables, diagrams, illustrations, and a good index. Nurses engaged in laboratory work are doubtless familiar with Professor Myers' work and they will welcome this new edition.

A MANUAL OF NURSING PROCEDURES.

By E. Priscilla Reid, R.N., Formerly Educational Director for the School of Nursing of the General, Highland, and Homeopathic Hospitals, Rochester, N. Y., and MABEL E. HOFFMAN, R.N., HAZEL L. JENNINGS, R.N., and LILLIAN A. READ, R.N., of Rochester, N. Y. 181 pages with 57 illustrations. W. B. Saunders Company, Philadelphia and London. Price, \$1.75 net.

This manual gives one hundred nursing procedures, all of which have been worked out coöperatively by instructors in three schools. They have the merit, therefore, of having been subjected to rigorous tests both in theory and in practice. As the book is intended for use with a standard text book on nursing, the procedures are given in concise outline form giving purpose, equipment, procedure, and precautions. The illustrations are well chosen and the text unusually clear.

Tables of weights and measures, a few simple rules for making solutions, twelve lists of tray equipment, including one for the treatment of burns, add to the usefulness of the book.



**THE NATIONAL HEALTH SERIES.** Twenty Health Books edited by the National Health Council for the use of the general public. To be published in sets of five, the first set now being available. Funk & Wagnalls, New York. Price, 30 cents each or \$6 per set.

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**REFERENCE HAND-BOOK OF GYNECOLOGY FOR NURSES.** By Catharine Macfarlane, M.D. Fourth edition, thoroughly revised. 160 pages. W. B. Saunders Company, Philadelphia. Price, \$1.50.

**THE AMERICAN NATIONAL RED CROSS.** By Sarah Elizabeth Pickett. 210 pages. Profusely illustrated. The Century Company, New York City. Price, 50 cents.

In his Foreword, Judge Payne, Chairman of the Central Committee, American National Red Cross, says: "That Americans may know of the birth of this society, that they may understand the law of Congress under which it operates, that they may appreciate the need for its service in time of war and peace, this primer of the American Red Cross has been prepared." The book most admirably fulfills this function. Written by the co-author of the "History of American Red Cross Nursing," the text is replete with charm and sympathy and the format is worthy, in every way, of the splendid subject.

**FIGHTING FOES TOO SMALL TO SEE.** By Joseph McFarland, M.D., Sc.D. 309 pages, 64 illustrations. F. A. Davis Company, Philadelphia. Price, \$2.50.

Microbiology written in non-technical language and fascinating literary style for non-professional people.

**BANDAGING.** By A. D. Whiting, M.D. Second edition, revised. 153 pages with 117 original illustrations. W. B. Saunders Company, Philadelphia. Price, \$1.75.

**A CORRECTION.** Through an oversight, caused by a readjustment of printed matter to fit a given space, in the February *Journal*, the name of the publishers was omitted from our mention of the new edition of Ramsey's Care and Feeding of Infants and Children. This volume, like its predecessor, is from the press of the J. B. Lippincott Company, Philadelphia.

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